FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000093525 (9)

GOLDAQUA, INC.

FILED
May 07 1997 8:00am
Secretary of State

Delmalmat Ota	a (Ducinos		·			
Principal Place of Business 8ZECHENYI TER 18-20 8900 MAKO HUNGARY OC		Mailing Address SZECHENYI TER 18-20 6900 MAKO HUNGARY	SZECHENYI TER 18-20 6900 MAKO HUNGARY		!	
		oc			3. Date Incorporated or Qualified 11/14/1996	3a. Date of Last Report
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
21 Suite Ant	# ata	26 Contra Anta Hanta				Not Applicable
Suite, Apt. #, etc.		27			5. Certificate of Status Desired [\$8.75 Additional Fee Required
City & State		City & State	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Countr	У	8. This corporation has liability for intangible tax under s. 199.032,	
24	25	29	30		Florida Statutes	7
	9, Name and Address of Curi		81	Norse	10. Name and Address of New Regis	tered Agent
CORPORATION SERVICE COMPANY			01	Name		
	HAYS STREET		82	Street Add	dress (P.O. Box Number is Not Acceptable)	
IALL	AHASSEE FL 32301-2525		83			
			00			
			84	1	· · · · · · · · · · · · · · · · · · ·	FL 85 Zip Code
l office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta Im familiar with, and accept the ob	ale of Florida. Such change w	vas authorized b	v the corpora	rporation submits this statement for the purpation's board of directors. I hereby accept t	oose of changing its registered he appointment as registered
SIGNATURE	Signature, typed or printed name of registered	anord and little if applicable	(NOTE: Registered for	cal equation to	gilod when reinstaling)	DATE
12.		AND DIRECTORS	13.	err ognolare req.	ADDITIONS/CHANGES TO OFFICER	
TITLE	D	DELETE	·		Manual 1991 2 C Manual 1991 1991 1991 1991 1991 1991 1991 19	Change Addition
NAME	NAGY, TIBOR		1.2 NAME			
STREET ADDRESS	SZECHENYI TER 18-20		1.3 STREE	1 ADDRESS		
CITY-ST-ZIP	6900 MAKO, HUNGARY		1.4 CITY-	ST - 7IP		
TITLE		DELETE	2.1 TITLE			Change Addition
NAME			22 NAME			
STREET ADDRESS			2.3 STREE	T ADDRESS		
CITY-ST-ZIP			2 4 C9Y-	S1 · ZIP		
TITLE		☐ DELETE	31 TRLE			Change Addition
NAME	•		32 NAME			
STREET ADDRESS			33 STREE	I ADDRESS		
CITY - ST - ZiP			34. CITY-	ST-ZIP		
TITLE		L. DELETE				☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS				I ADDRESS		
CITY-ST-ZiP		DELETE	44 C/1Y -	SI-ZIP		Change Addition
TITLE		ן שנונונ				TI AUGURE TI MODITION
NAME CIDECY ADDRESS			5.2 NAME	LADDECCC		
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP TITLE		DETETE	54 CRY - 61 TRLE	51-21		Change Addition
NAME			62 NAME			E our ige E vertition
STREET ADDRESS				1 ADDRESS		
CATY-ST-ZIP			64 CAY-			
			■ Name (1)			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes: I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: NOSLENAL BONTO COLOR ANGEL 16,1997