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FILED

Feb 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000096739 (3)**

1. Corporation Name
COSTA RICAN GOLD INVESTMENT CORPORATION



Principal Place of Business

**105 SOUTH NARCISSUS AVENUE
SUITE 602
WEST PALM BEACH FL 33402**

Mailing Address

**105 SOUTH NARCISSUS AVENUE
SUITE 602
WEST PALM BEACH FL 33401-5528**

3. Date Incorporated or Qualified

11/21/1996

3a. Date of Last Report

4. FEI Number

65-0723700

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**KERRY R. SCHWENCKE, P.A.
1645 PALM BEACH LAKES BLVD
SUITE 720
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature type or printed name of registered agent as titled is applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **PARRY, JOHN MICHAEL**
STREET ADDRESS **105 SOUTH NARCISSUS AVE, STE 602**
CITY - ST - ZIP **WEST PALM BEACH FL 33402**

TITLE **VD** ☐ DELETE
NAME **THOMAS, NORMAN H**
STREET ADDRESS **105 SOUTH NARCISSUS AVE, STE 602**
CITY - ST - ZIP **WEST PALM BEACH FL 33402**

TITLE **SD** ☐ DELETE
NAME **PARRY, JESSIE J**
STREET ADDRESS **105 SOUTH NARCISSUS AVE, STE 602**
CITY - ST - ZIP **WEST PALM BEACH FL 33402**

TITLE **TD** ☐ DELETE
NAME **THOMAS, SUSAN S**
STREET ADDRESS **105 SOUTH NARCISSUS AVE, STE 602**
CITY - ST - ZIP **WEST PALM BEACH FL 33402**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000001

CR2E034 (9/96)