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Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P96000097587 (5)

1. Corporation Name
GOCO ASSOCIATES CORP.

Principal Place of Business
6574 NORTH STATE ROAD 7
SUITE 142
COCONUT CREEK FL 33073
US

Mailing Address
6574 NORTH STATE ROAD 7
SUITE 142
COCONUT CREEK FL 33073
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1996

4. FEI Number

65-0722973

Applied For
Not Applicable

5. Certificate or Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 3111 North University Drive

2a. Mailing Address

26 3111 North University Drive

22 Suite 725

27 Suite 725

23 Coral Springs FL

28 Coral Springs FL

24 33065

25 USA

29 33065

30 USA

9. Name and Address of Current Registered Agent

GRESLIN, BERNARD
7300 DOVER CT
PARKLAND FL 33067

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 (used if person named is registered agent and title is applicable)

(Signature of Registered Agent required when changing)

Title

12. OFFICERS AND DIRECTORS

1. TITLE P
NAME GRESLIN, BERNARD
STREET ADDRESS 7300 DOVER CT
CITY-ST-ZIP PARKLAND FL 33067

2. TITLE BP
NAME DORNBIERER, MAURICIO
STREET ADDRESS JUAN RACINE, #134 APART. 1002
CITY-ST-ZIP COL. CHAPULTEPEC MEXICO 11560

3. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

14. I 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: BERNARD GRESLIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/98 (954) 484 3745

Date

Telephone #

0163046

CR2E034 (10/97)