

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

**FILED**  
**Apr 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000002077 (0)**  
 1. Corporation Name  
**CORNERSTONE GOLDEN, INC.**



Principal Place of Business <b>C/O BERMAN WOLFE &amp; RENNERT, P.A.                  35TH FLOOR, 100 SE SECOND STREET                  MIAMI FL 33131-2130</b>	Mailing Address <b>C/O BERMAN WOLFE &amp; RENNERT, P.A.                  35TH FLOOR, 100 SE SECOND STREET                  MIAMI FL 33131-2130</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>2121 Ponce De Leon</u>		2a. Mailing Address 26 <u>2121 Ponce De Leon</u>		3. Date Incorporated or Qualified <b>01/08/1997</b>
Suite, Apt. #, etc. 22 <u>Penthouse II</u>		Suite, Apt. #, etc. 27 <u>Penthouse II</u>		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State 23 <u>Coral Gables, FL</u>		City & State 28 <u>Coral Gables, FL</u>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24 <u>33134</u>	Country 25	Zip 29 <u>33134</u>	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Name and Address of Current Registered Agent <b>WOLFE, LEON J                  C/O BERMAN WOLFE &amp; RENNERT, P.A.                  35TH FLOOR, 100 SE SECOND STREET                  MIAMI FL 33131-2130</b>				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>WOLFE, LEON J                  C/O BERMAN WOLFE &amp; RENNERT, P.A.                  35TH FLOOR, 100 SE SECOND STREET                  MIAMI FL 33131-2130</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEYERS, STUART I</b>	1.2 NAME	
STREET ADDRESS	<b>2121 PONCE DE LEON BLVD., SUITE 650</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CORAL GABLES FL 33134</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOPEZ, JORGE</b>	2.2 NAME	
STREET ADDRESS	<b>2121 PONCE DE LEON BLVD., SUITE 650</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CORAL GABLES FL 33134</b>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: Jorge Lopez 2/5/98

CR2E034 (10/97)