

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

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Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90030 010 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000008037

1. Corporation Name
GOLD SHORES CORP.

Principal Place of Business
**1110 BRICKELL AVE., SUITE 504
MIAMI FL 33131**

Mailing Address
**1110 BRICKELL AVE., SUITE 504
MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **2914 NW 72 AVE**

2a. Mailing Address

26 **2914 NW 72 AVE**

3. Date Incorporated or Qualified

01/27/1997

4. FEI Number

65-0733417

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

City & State

23 **MIAMI FL**

City & State

28 **MIAMI FLA**

Zip

24 **33122**

Country

25 **USA**

Zip

29 **33122**

Country

30

9. Name and Address of Current Registered Agent

**STANHAM, NICHOLAS
520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

DAVID F. CEVALLOS

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

83 **2914 NW 72 AVE**

84 City

MIAMI

FL

85 Zip Code

33122

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 in both 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

DAVID F. CEVALLOS

3/15/99

(Signature typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **CEVALLOS, DAVID**
STREET ADDRESS **520 BRICKELL KEY DRIVE**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **AS** ☒ DELETE
NAME **STANHAM, NICHOLAS**
STREET ADDRESS **520 BRICKELL KEY DRIVE**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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 **PRES, TREAS, DIR** ☒ Change ☐ Addition
1.2 NAME **DAVID F CEVALLOS**
1.3 STREET ADDRESS **2914 NW 72 AVE**
1.4 CITY-ST-ZIP **MIAMI FL 33122**

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

3.1 TITLE **VP, SECY, DIR** ☐ Change ☒ Addition
3.2 NAME **FRANCISCO J VILLEGAS**
3.3 STREET ADDRESS **2914 NW 72 AVE**
3.4 CITY-ST-ZIP **MIAMI FL 33122**

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 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, with all other like empowered.

SIGNATURE:

DAVID F. CEVALLOS

3/15/99

305 718-4466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)