

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

PROFIT CORPORATION  
ANNUAL REPORT  
1998

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

DOCUMENT # **P970000 45505**  
1. Corporation Name:  
**GOLD, CASH AND DIAMONDS CORPORATION**

Principal Place of Business Mailing Address

**4328 SW. 8<sup>th</sup> STREET  
MIAMI, FL 33129**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified  
**5-22-1997**

|                                |                     |                                                                  |                                                                     |
|--------------------------------|---------------------|------------------------------------------------------------------|---------------------------------------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number                                                    | Applied For                                                         |
| 21                             | 26                  | <b>65-0851800</b>                                                | Not Applicable                                                      |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 5. Certificate of Status Desired                                 | <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>      |
| 22                             | 27                  | 6. Election Campaign Financing                                   | <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>         |
| City & State                   | City & State        | Trust Fund Contribution                                          | <input type="checkbox"/>                                            |
| 23                             | 28                  | 8. This corporation owes or has paid the current year Intangible | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Zip                            | Zip                 | Personal Property Tax due June 30.                               |                                                                     |
| 24                             | 29                  |                                                                  |                                                                     |
| Country                        | Country             |                                                                  |                                                                     |
| 25                             | 30                  |                                                                  |                                                                     |
|                                | <b>DADE</b>         |                                                                  |                                                                     |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

|    |                                                    |                                        |
|----|----------------------------------------------------|----------------------------------------|
| 81 | Name                                               | <b>VALERIE L. FREM</b>                 |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | <b>9930 SW 145<sup>th</sup> STREET</b> |
| 83 |                                                    |                                        |
| 84 | City                                               | <b>MIAMI</b>                           |
| 85 | Zip Code                                           | <b>FL 33176</b>                        |

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: **Valerie L. Frem** **VALERIE L. FREM, PRES/DIR.** **8-25-98**  
Signature of person or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reappointing) DATE

| 12. OFFICERS AND DIRECTORS |                                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|--------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>RENAUDO MESA</b>                        | 1.2 NAME                                              | <b>PRESIDENT/DIRECTOR</b>                                                    |
| STREET ADDRESS             |                                            | 1.3 STREET ADDRESS                                    | <b>VALERIE L. FREM</b>                                                       |
| CITY-ST-ZIP                |                                            | 1.4 CITY-ST-ZIP                                       | <b>9930 SW 145<sup>th</sup> STREET</b>                                       |
| TITLE                      | <input type="checkbox"/> DELETE            | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                            | 2.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                            | 2.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                            | 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                                             | <b>1000026258718</b>                                                         |
| NAME                       |                                            | 4.2 NAME                                              | <b>-08/26/98--01096--003</b>                                                 |
| STREET ADDRESS             |                                            | 4.3 STREET ADDRESS                                    | <b>*****61.25 *****61.25</b>                                                 |
| 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: **Valerie L. Frem** **8-25-98** **305-774-7669**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)