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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000101520

1. Corporation Name

GOLD RAVEN INC

Principal Place of Business Mailing Address

690 NE 125 STREET 1.0.1

May 17, 1999 8:00 am Secretary of State

05-17-1999 90015 003 ***150.00

FLORIBA 33161				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 2 0 97 4. FEI Number 65 - 0872902 Applied For Not Applicable		
21	26			1 65-0872902	2	Not Applicat
Suite, Apt. #, etc.	Suite, Apt. #, etc.	* *	•		\$8.7	5 Additional Required
City & State	City & State			Election Campaign Financing Trust Fund Contribution		00 May Be
Zip Country	Zip	Count	nv			10 10 20 3
	25 29 30		• 7	8. This corporation owes the current year Intangible Personal Property Tax.		
9. Name and Address of Curi		130		10 Name and Address of New Reg		
		8	1 Name	19.		
CUERVO, GUSTAVO A	- a .					
2022 NE 121 ROAD			82 Street Address (P.O. Box Number is Not Acceptable)			
NORTH MIAMI FL 33181			3		. , .	
	-	· ' 5				
		8	4 City		FL 85	Zip Code
office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obli SIGNATURE	gations of, Section 607.0505, Flor	rida Statute	es.		1/29/99	
Signature, typed or printed name of registered a	AND DIRECTORS		ent signature require	ADDITIONS/CHANGES TO OFFICE	SENS AND DIDE	2TODE IN 12
III. OFFICERS	DELETE	13.		AUDITIONS/CHANGES TO OFFIC	Char	
NAME CUERVO, GUSTAVO		1.2 NAME		**	.	, _
STREET ADDRESS 2022 NE 121 R	0AD		ET ADDRESS			
CITY-ST-ZIP NORTH MIAMI	FL 33181	1.4 CITY-				
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NAME GORDILLO, DEB.	-	2.2 NAME	1		_	
STREET ADDRESS 10210 COLLINS	ALLE # 2011	1	ET ADDRESS			
CITY-ST-ZIP BAL HARBOUR F.	1100 7 207	2.4 CITY	1			
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NAME	-	3.2 NAME			_	
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CITY-ST-ZIP		34 CITY	Į	•		
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NAME		5.2 NAME				
STREET ADDRESS		5.3 STRE	ET ADDRESS			
CITY-ST-ZIP		5.4 CITY-	07.70			

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 or supplemental annual report or trustee 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.

6.1 TITLE

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

305-895-8326

Additi-

= 1000