

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

FILED  
Sep 16 1998 8:00am  
Secretary of State

COPY

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000106835			
1. Corporation Name G & O Elite Distribution			
Principal Place of Business 20725 NE 16 ave NMB, FL 33179 Bay A-20		Mailing Address	
2. Principal Place of Business 21 same		2a. Mailing Address 28	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30
3. Date Incorporated or Qualified 12/9/97		3a. Date of Last Report 1997	
4. FEI Number 65-0800766		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent Goldrat, Oren 3552 Magellen Circle #124 Aventura, FL 33180		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VP T GOLDRAT, OREN 3552 MAGELLEN CIRCLE #124 AVENTURA, FL 33180 <input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D P S SHOVAL, GIL 6001 TREE LANDING DRIVE DAVIE, FL 33314 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:		9/8/98 305/690-9933 Date Daytime Phone #	

(2)

## ALAN N. RAZLA, PA

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### Florida Office

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AICPA Member

### New Hamp. Office

Alan N. Razla, CPA PA  
Certified Public Accountant, NH  
26 South Main Street Suite 521  
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15-Aug-98

FL Division of Corporation  
Annual Reports Filings  
PO Box 6327  
Tallahassee, FL 32314

RE: G & O Elite Distributors Inc.,

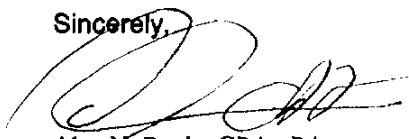
Dear Sir or Madam:

Enclosed is a signed Annual report with \$165 for 1998 tax year. Return is being filed late due to the fact that a pre-printed form was not mailed or forwarded to the address on record. Our office did not receive any such correspondence nor did our client. Our office has therefore contacted the state to obtain the necessary information needed to complete a new (not pre-printed) annual report.

We ask that payment be accepted as full paid balance and that any penalties be waived. This is the first year of operation for my clients and they were not aware of the filing deadline with your office. They understood from the person that incorporated them that since they incorporated on 12/97 next registration for them would be in a year..

We thank you in advance.

Sincerely,



Alan N. Razla, CPA PA  
Certified Public Accountant, NH