PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000029889

1. Corporation Name

GOLAS GROUP CORP.

Principal Plac	e of Business	Mailing Address			- 1 1001370 110 10101 10101 10111 00111 03	N1 44 14 4014 (1418	IRIAI IANA) :	1811 8 1811 1811
2821 NE 163 S		2821 NE 163 ST. #4-P						
MIAMI FL 3316		MIAMI FL 33160						
						TE IN THIS SPA	ACE	نستحيي منسب
					3. Date Incorporated or Qualifed	-		-
					03/30/1998		L	. P 2 F
2. Principal Place of Business 2a. Mailing Address					4. FEI Number 65 - 083 1969			olied For
1		26			63-0031161			Applicable
Suite, Apt.	. #, etc.	Sulte, Apt. #, etc.			5. Certificate of Status Desired	_ *	8.75 A Fee Red	
2		27						`
City_&_Stat	le_ ,	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 t Added to	
3	Country	Zip Zip	Country			ant man Internil		3 1 000
Zip			— · ·		This corporation owes the curr Personal Property Tax.			□No
<u>4) </u>	25)		10		10. Name and Address of New F			
	9. Name and Address of Current	r szafisonian wilairr	81	Name	Ismud forth separated At 110M L	- 91000.00 7180		
FLEISCHER, JORGE 4000000000000000000000000000000000000								
				Street Addre	ess (P.O. Box Number is Not Accepta	rble)		
MIAMI FL 33160			83					
MEMI FL 33 100								
	•		84	City		E 1 8:	5 Zip C	ode
	to the provisions of Sections 607.0502					<u> </u>		
SIGNATURE	am familiar with, and accept the obligati	ibits of, decider devices, richic	18 OBLUMO.					
	Signature, typed or printed name of registered egent	I and title if applicable. (NOTE: R	legistered Agent	aignature required	d when reinstating)	DATE		
	Signature, typed or printed name of registered agent		legistered Agent	signature required	d when reinstating) ADDITIONS/CHANGES TO OF	ICERS AND D		
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12. IIILE	OFFICERS AND	D DIRECTORS	13.	aignature required		ICERS AND D		
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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 ennual 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.

5.4 CITY- 57-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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52 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-5T-ZIP

TITLE

NAME

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☐ DELETE

305 444 3548

Change

Addition

FILED

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90325 049 ***150.00

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