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May 17, 1999 8:00 am
Secretary of State

05-17-1999 90013 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000040607 ABACO GOLD MIAMI, INC			
Principal Place of Business 3015 GRAND AVE Suite 208 COCONUT GROVE, FL 33133		Mailing Address C/O Angela Williamson 1120 Von Phister Key West, FL 33040 Date of Last Report 5-18-98	
2. Principal Place of Residence 21. State, Apt. #, etc. 22. City or County 23. Zip 24. Country	26. Mailing Address 27. State, Apt. #, etc. 28. City & State 29. Zip 30. Country	3. FET Number 65-0843487 4. Certificate of Status Limited ☐ 5. Election Campaign Financing Full Fund Contribution ☐ 6. This corporation has liability for incomplete tax under s. 194.022, Florida Statutes ☐ Yes ☒ No	7. Additional Fee Required \$8.75 8. May Be Added to Fees \$5.00
9. Name and Address of Current Registered Agent Williamson, Angela 1120 Von Phister Key West, FL 33040		10. Name and Address of New Registered Agent 11. Name 12. Street Address (P.O. Box Number is Not Acceptable) 13. City 14. State 15. Zip Code	
16. I, the undersigned, being the duly authorized officer or officers of the corporation, do hereby certify that the information furnished in this report is true and correct, and that the same conform to the provisions of Chapter 607, Florida Statutes.			
SIGNATURE Angela Williamson		DATE 5-18-98	
17. OFFICERS AND DIRECTORS 18. NAME 19. STREET ADDRESS 20. CITY, ST. ZIP 21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY, ST. ZIP 25. TITLE 26. NAME 27. STREET ADDRESS 28. CITY, ST. ZIP 29. TITLE 30. NAME 31. STREET ADDRESS 32. CITY, ST. ZIP 33. TITLE		34. NAME 35. STREET ADDRESS 36. CITY, ST. ZIP 37. TITLE 38. NAME 39. STREET ADDRESS 40. CITY, ST. ZIP 41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY, ST. ZIP 45. TITLE	
14. I do hereby certify that the information supplied with this filing is true and correct, and that the same conform to the provisions of Chapter 607, Florida Statutes. I further certify that the information furnished in this annual report of 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 owner or trustee of the corporation in which this report is required by Chapter 607, Florida Statutes, and that my name remains as listed in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: Angela Williamson Pres			

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