## 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 # P98000058292

GOLD INVESTMENT MARKETING GROUP, INC.

Principal Place of Business 3850 S.W. 87TH AVENUE #305 MIAMI FL 33165 Mailing Address

3850 S.W. 87TH AVENUE #305

MIAMI FL 33165

## FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90060 003 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

						. 06/30/19	98			
2. Principal P	lace of Business	2a. Mailing Address	3			4 FELAL SILVE		211	Ar	plied For
21		26			•	63-	083 30	<del>24</del>		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	c.			5. Certifcate of	Status Desired		\$8.75 . Fee Re	Additional equired
City & State	9	City & State				6. Election Car	npaign Financing	П	\$5.00	May Be
23		28				Trust Fund (	Contribution		Added	to Fees
Zip	Country	Zip	Cou	untry		8. This corpora	tion owes the cur	τent year Int		_
24	25	29	30			Personal Pre	<del></del>		Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and	Address of New	Registered	Agent	
0114	DEZ MATHEDINE			81	Name					
SUAREZ, KATHERINE 3850 S.W. 87 AVENUE				82	Street Addr	ess (P.O. Box Num	ber is Not Accept	table)		
#30				83						
MAIM	AI FL 33165			84	City	<u></u>			85 Zip	Code
				04	City			FL	.  00  =	0000
office or re agent. I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State of a familiar with, and accept the obligation	f Florida. Such change ons of, Section 607.050	was authorized 5, Florida Stat	a by ti tutes.	ne corporatio	on's board of directo	ors. I nereby acce	DATE	nument as re	gistered
	Signature, typed or printed name of registered agent		(NOTE: Registered	o Agent	signature require		CHANGES TO OF		ID DIRECTO	ORS IN 12
12.	PD OFFICERS AND	DELE		ITI E		ADDITIONSA	311741020 10 01	·	Change	Addition
TITLE	SUAREZ, KATHERINE									<b>-</b> .
NAME !										
		-	1.2 N							
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4. 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, with all other like empowered.

SIGNATURE:

SIGNATURE ACCOUNTED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99

305-225-1492

Daytime Phone #

2E034 (11/98)