

<h1>DOCUMENT # P98000104960</h1>			
<b>1. Entity Name</b> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">G &amp; F GOLD CO.</div>			
<b>Principal Place of Business</b> 14025 SW 22 STREET MIAMI FL 33175		<b>Mailing Address</b> 14025 SW 22 STREET MIAMI FL 33175-7008	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>			
<b>GONZALEZ, ROBERTO D</b> <b>1320 S DIXIE HWY STE 220</b> <b>CORAL GABLES FL 33146</b>			<b>Name</b>
			<b>Street Address</b>
			<b>City</b>
			<b>State</b>
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b>			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input checked="" type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
<b>11. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> Delete	<b>12.</b>
<b>NAME</b>	<b>GONZALEZ, ROBERTO D</b>		<b>TITLE</b>
<b>STREET ADDRESS</b>	<b>14025 SW 22 STREET</b>		<b>NAME</b>
<b>CITY - ST - ZIP</b>	<b>MIAMI FL 33175</b>		<b>STREET ADDRESS</b>
<b>TITLE</b>	<b>VD</b>	<input type="checkbox"/> Delete	<b>CITY - ST - ZIP</b>
<b>NAME</b>	<b>GONZALEZ, MARIA I</b>		<b>TITLE</b>
<b>STREET ADDRESS</b>	<b>14025 SW 22 STREET</b>		<b>NAME</b>
<b>CITY - ST - ZIP</b>	<b>MIAMI FL 33175</b>		<b>STREET ADDRESS</b>
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>CITY - ST - ZIP</b>
<b>NAME</b>			<b>TITLE</b>
<b>STREET ADDRESS</b>			<b>NAME</b>
<b>CITY - ST - ZIP</b>			<b>STREET ADDRESS</b>
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>CITY - ST - ZIP</b>
<b>NAME</b>			<b>TITLE</b>
<b>STREET ADDRESS</b>			<b>NAME</b>
<b>CITY - ST - ZIP</b>			<b>STREET ADDRESS</b>
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>CITY - ST - ZIP</b>
<b>NAME</b>			<b>TITLE</b>
<b>STREET ADDRESS</b>			<b>NAME</b>
<b>CITY - ST - ZIP</b>			<b>STREET ADDRESS</b>
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>CITY - ST - ZIP</b>
<b>NAME</b>			<b>TITLE</b>
<b>STREET ADDRESS</b>			<b>NAME</b>
<b>CITY - ST - ZIP</b>			<b>STREET ADDRESS</b>
<b>13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.1 of the Florida Statutes, and that the information is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 of the Florida Statutes, changed, or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

SIGNATURE: ROBERTO D. GONZALES 4/14/03 (305) 458-7130

CR2E034 (9/99)