

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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 OCT 21 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 97
aw

DOCUMENT # 505987
1. Corporation Name
GO-MEX FLORIDA, INC.
30 Fairview Boulevard
Fort Myers Beach, Florida 33931

Principal Place of Business Mailing Address
Same as above Same as above

3. Date Incorporated or Qualified 10/09/90
3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 c/o 350 Fifth Ave. South 26 c/o 350 Fifth Ave. South

4. FEI Number 65-0220093
Applied For Not Applicable

Suite, Apt., #, etc. 22 Suite 200 27 Suite 200

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State 23 Naples, Florida 28 Naples, Florida

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip Country 24 34102 25 U.S.A. 29 34102 30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
Christa Ravenscroft
1414 S.E. 12th Terrace
Cape Coral, Florida 33990

10. Name and Address of New Registered Agent
81 Name Axel Hilbert Gudrun M. Nicker
82 Street Address (P.O. Box Number is Not Acceptable) 357 5th Ave S. #200
83
84 City Naples FL 85 Zip Code 34102

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 [Signature] (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hilpert, Axel, P,T,S,D 59 Fairview Boulevard Fort Myers Beach, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P,T,S,D Axel Hilpert Wissmannstrasse 19 14193 Berlin, Germany
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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. I am a director, officer, or 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: [Signature] Axel Hilpert 10-20-97 941-262-7747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRPF034 10/96