


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

FILED
Aug 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S10546
1. Corporation Name

INTER-GOLD ITALIA INC.

Principal Place of Business Mailing Address
SARASOTA FLORIDA 34236

1800 SECOND STREET SUITE 850

2. Principal Place of Business 21 SARASOTA Suite, Apt. #, etc. 22 SUITE 850 City & State 23 SARASOTA FLORIDA Zip Country 24 34236 25 U.S.A.	2a. Mailing Address 26 SARASOTA Suite, Apt. #, etc. 27 SUITE 850 City & State 28 SARASOTA FLORIDA Zip Country 29 34236 30 U.S.A.	3. Date Incorporated or Qualified 1991 3a. Date of Last Report 1996 4. FEI Number 65-0229892 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

ISABELLA MOSCHINI
1800 SECOND STREET
SUITE 850
SARASOTA FLORIDA 34236

10. Name and Address of New Registered Agent

81 Name ISABELLA MOSCHINI 82 Street Address (P.O. Box Number is Not Acceptable) 1800 SECOND STREET 83 SUITE 850 84 City SARASOTA 85 Zip Code FL 34236

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 *Isabella Moschini*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT ISABELLA MOSCHINI 1800 SECOND STREET SUITE 850 SARASOTA FLORIDA 34236	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 700000228108478 Addition -08/29/97--01112--018 ****\$50.00 ****\$50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP SECRETARY SAME AS ABOVE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TREASURER SAME AS ABOVE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <i>A. Alan</i> <i>8/28/97</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE: *Isabella Moschini*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-18-97 941 555 5929
Date Daytime Phone #

CR2E034 (9/96)