

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra L. Mathison  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S75473** (6)

1. Corporation Name  
**THE GOLD SOURCE, INC.**



Principal Place of Business: **20609 NE 7TH COURT MIAMI FL 33179**  
Mailing Address: **20609 NE 7TH COURT MIAMI FL 33179**

2. Principal Place of Business: **21 1515-1 N.W. 167th St. 26**  
Suite, Apt. #, etc.  
**22 Suite 110-R 27**  
City & State: **23 MIAMI, FL 28**  
Zip: **24 33169 25 USA 29** Country: **30**

3. Date Incorporated or Qualified: **07/29/1991**  
3a. Date of Last Report: **02/13/1995**  
4. FEIN number: **65-0280648** Applied For:  Not Applicable:   
5. Credit rate of State Tax Default:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**PARKER, DAPHNE E.  
20609 NE 7TH COURT  
MIAMI FL 33179**

81. Name  
82. Street Address, P.O. Box Number, Not Applicable  
83.  
84. City, **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 609.031 and 609.032, Florida Statutes, the above named corporation is authorized to change its registered office or registered agent or both, in the State of Florida. Such change will not be effective until the corporation's annual report is filed and accepted by the Department of State, except the appointment as registered agent. If any familiar with, and accept the obligations of, Section 609.031, Florida Statutes.

SIGNATURE: *Daphne E. Parker* **DAPHNE E. PARKER** **4/01/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DE FILE
NAME	<b>SASSON, SIMCHA</b>	
STREET ADDRESS	<b>P O BOX 610153</b>	
CITY, ST, ZIP	<b>NORTH MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DE FILE
NAME	<b>PARKER, DAPHNE E.</b>	
STREET ADDRESS	<b>20609 NE 7TH COURT</b>	
CITY, ST, ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DE FILE
NAME	<b>GRANDA, G. DENNIS</b>	
STREET ADDRESS	<b>P O BOX 610153</b>	
CITY, ST, ZIP	<b>NORTH MIAMI FL</b>	
TITLE		<input type="checkbox"/> DE FILE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DE FILE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	<b>P.O. Box 171207</b>
4. CITY, ST, ZIP	<b>MIAMI, FL 33017</b>
5. NAME	
6. STREET ADDRESS	
7. CITY, ST, ZIP	
8. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME	
10. STREET ADDRESS	<b>P.O. Box 171207</b>
11. CITY, ST, ZIP	<b>MIAMI, FL 33017</b>
12. TITLE	
13. NAME	
14. STREET ADDRESS	
15. CITY, ST, ZIP	
16. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. NAME	
18. STREET ADDRESS	
19. CITY, ST, ZIP	

14. I do hereby certify that the information supplied to the Department of State is true and correct, and I do not qualify for the exemption under Section 119.02(2)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and correct, 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 bankruptcy trustee of the corporation, and that my name appears in Block 12 or Block 13 if changed, or on an addition with a checkmark.

SIGNATURE: *Daphne E. Parker* **DAPHNE E. PARKER** **4/01/96** **305-621-8661**

CRCE034 (12/95)