

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

**FILED**

**Apr 18 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S75473 (6)**  
1. Corporation Name  
**THE GOLD SOURCE, INC.**



Principal Place of Business <b>1515-1 NW 167TH ST 110-R MIAMI FL 33169 US</b>	Mailing Address <b>20609 NE 7TH COURT MIAMI FL 33179-2418</b>
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3. Date Incorporated or Qualified <b>07/29/1991</b>	3a. Date of Last Report <b>04/05/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	4. FEI Number <b>65-0280648</b> Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. 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 <b>PARKER, DAPHNE E. 20609 NE 7TH COURT MIAMI FL 33179</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<b>SASSON, SIMCHA</b> PO BOX 171207 MIAMI FL	1.1 TITLE <input type="checkbox"/> DELETE	1.2 NAME <b>19511 West Lake DR.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>PO BOX 171207</b>		1.3 STREET ADDRESS <b>MIAMI, FL 33015</b>	1.4 CITY-ST-ZIP
CITY-ST-ZIP <b>MIAMI FL</b>		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b>	<b>PARKER, DAPHNE E.</b>	2.2 NAME	
STREET ADDRESS <b>20609 NE 7TH COURT</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>GRANDA, G. DENNIS</b>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME <b>19511 West Lake DR.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>PO BOX 171207</b>		3.3 STREET ADDRESS <b>MIAMI, FL 33015</b>	3.4 CITY-ST-ZIP
CITY-ST-ZIP <b>MIAMI FL</b>		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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:** *Daphne E. Parker* **DAPHNE E. PARKER** 4-1-97 305-621-8661  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY Date Daytime Phone #

CR2E034 (9/96)