

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 AM 11:00

DOCUMENT # **V50364** (1)

1. Corporation Name
HOLY GOLD, INC.

Principal Place of Business Mailing Address
~~414E-107 STREET~~ ~~414E-107 STREET~~
~~SUITE 9~~ ~~SUITE 9~~
~~MIAMI FL 33132~~ ~~MIAMI FL 33132~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/13/1992** 3a. Date of Last Report: **04/29/1994**
4. FEI Number: **65-0347762** Applied For: Not Applicable
5. Certificate of Status Desired: **\$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

2. Principal Place of Business 2a. Mailing Address
21 **7900 NW 27th Ave** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **406** 27
City & State City & State
23 **Miami FL** 28
Zip Country Zip Country
24 **33147** 25 **Male** 29 30

9. Name and Address of Current Registered Agent
~~CHO, SANDY H~~
~~2750 NW 3RD AVE 20~~
~~MIAMI FL 33127~~

10. Name and Address of New Registered Agent
81 Name: **Park, Hae S.**
82 Street Address (P.O. Box Number is Not Acceptable): **15515 N. Miami Lakes Way #101**
83
84 City: **Miami Lakes** 85 Zip Code: **FL 33014**

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: *Hae So Park* DATE: **3-19-95**

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	PARK, OH SUNG
STREET ADDRESS	1333 NW 123RD AVE
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	VPTD
NAME	PARK, HAE S
STREET ADDRESS	1353 NW 123RD AVE
CITY - ST - ZIP	PEMBROKE PINES 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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	PARK, HAE S.	
23 STREET ADDRESS	15515 N. MIAMI LAKES WAY #101	
24 CITY - ST - ZIP	MIAMI LAKES, FL 33014	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Hae So Park* DATE: **PLS. 3-17-95**