


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **717012** (9)

1. Corporation Name

**GOLDEN HOUSE CONDOMINIUM, INC.**

Principal Place of Business

Mailing Address

**GOLDEN HOUSE CONDO  
1340 LINCOLN RD  
MIAMI BEACH FL 33139  
US**

**C/O GALIANA MANAGEMENT  
250 SW 21 ROAD  
MIAMI FL 33129  
US**



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified

**08/18/1969**

4. FEI Number

**59-1365740**

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**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOLDEN HOUSE CONDO ASSOC  
1340 LINCOLN ROAD APT 402  
#701  
MIAMI BEACH FL 33139**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE
NAME	<b>PEREZ, RAMON</b>
STREET ADDRESS	<b>1340 LINCOLN RD., #701</b>
CITY-ST-ZIP	<b>MIAMI BCH FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>CALVO, PEDRO</b>
STREET ADDRESS	<b>1340 LINCOLN RD #501</b>
CITY-ST-ZIP	<b>MIAMI BCH FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>NAVARRO, ROHEL</b>
STREET ADDRESS	<b>1340 LINCOLN RD #301</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>SCHWARTZ, BEATRICE</b>
STREET ADDRESS	<b>1340 LINCOLN RD #402</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b> <i>5 days Treasurer</i>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SERES, SALLY</b>
STREET ADDRESS	<b>1340 LINCOLN RD #702</b>
CITY-ST-ZIP	<b>MAIMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>RAMON PEREZ</b>
1.3 STREET ADDRESS	<b>1340 LINCOLN RD., #701</b>
1.4 CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>
2.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>PEDRO CALVO</b>
2.3 STREET ADDRESS	<b>1340 LINCOLN ROAD #501</b>
2.4 CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>
3.1 TITLE	<b>VPD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>MARTA ESPINO</b>
3.3 STREET ADDRESS	<b>1340 LINCOLN RD., #506</b>
3.4 CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>
4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Joseph KAY</b>
4.3 STREET ADDRESS	<b>1340 Lincoln Rd #408</b>
4.4 CITY-ST-ZIP	<b>MIAMI BCH, FL 33139</b>
5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>RUTH LEWISON</b>
5.3 STREET ADDRESS	<b>1340 LINCOLN RD., #304</b>
5.4 CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>
6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>ESTELLA VERA</b>
6.3 STREET ADDRESS	<b>1340 LINCOLN RD., #709</b>
6.4 CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Beatrice Schwartz*

*3/30/98*

*385-672-6505*

CR2E037 (10/97)