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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P93000033413 (4)**
1. Corporation Name
GOLDEN LAND, INC.

Principal Place of Business Mailing Address
12300 HIGHWAY 70 WEST **12300 HIGHWAY 70 WEST**
OKEECHOBEE FL 34972 **OKEECHOBEE FL 34972**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
05/10/1993 **06/02/1994**

2. Principal Place of Business 2a. Mailing Address
21 **8420 N.W 160th Street** 26 **8420 N.W 160 th Street**

4. FEI Number Applied For
65-0409627 Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State City & State
23 **Okeechobee, Florida** 28 **Okeechobee, Florida**

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip Country Zip Country
24 **34972** 25 **U.S** 29 **34972** 30 **U.S**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

81 Name **Juan Pablo Gaitan**
82 Street Address (P.O. Box Number is Not Acceptable)
8420 N.W 160 th Street
83
84 City **Okeechobee** FL 85 Zip Code **34972**

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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: Juan Pablo Gaitan 4/17/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-designating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	TRUJILLO, JUAN JOSE
STREET ADDRESS	12300 HWY 70 WEST
CITY - ST - ZIP	OKEECHOBEE FL 34974
TITLE	VD
NAME	DE PALACIO, ROCIO CALLE
STREET ADDRESS	12300 HWY 70 WEST
CITY - ST - ZIP	OKEECHOBEE FL 34974
TITLE	STD
NAME	SIMMONDS, ROSABEL
STREET ADDRESS	12300 HWY 70 WEST
CITY - ST - ZIP	OKEECHOBEE FL 34974
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	GAITAN, JUAN PABLO
33 STREET ADDRESS	8420 N.W 160th Street
34 CITY - ST - ZIP	OKEECHOBEE, FL 34972
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 110.07(3)(a), 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 in an attachment with an address.

SIGNATURE: Juan Pablo Gaitan 4/17/95 (813) 467 4883
Signature and typed or printed name of signing officer or director Date Telephone Number