

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000033413 (4)**

1. Corporation Name
GOLDEN LAND, INC.



Principal Place of Business: **8420 NW 160TH STREET OKEECHOBEE FL 34972 US**
Mailing Address: **8420 N.W. 160TH ST. OKEECHOBEE FL 34972 US**

3. Date Incorporated or Qualified: **05/10/1993**
3a. Date of Last Report: **04/24/1995**

2. Principal Place of Business: **21 8420 Nw 160 St**
2a. Mailing Address: **26 8420 Nw 160 th St.**

4. FEI Number: **65-0409627**
Applied For: Not Applicable

22. City & State: **23 Okeechobee, Florida**
27. City & State: **28 Okeechobee, Florida**

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

23. Zip: **24 34972** Country: **25 U.S.**
28. Zip: **29 34972** Country: **30 U.S.**

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

9. Name and Address of Current Registered Agent: **GAITAN, JUAN P 8420 N.W. 160TH STREET OKEECHOBEE FL 34972**

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

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

10. Name and Address of New Registered Agent

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

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	PD	<input type="checkbox"/> DELETE
NAME	TRUJILLO, JUAN JOSE	
STREET ADDRESS	12300 HWY 70 WEST	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DE PALACIO, ROCIO CALLE	
STREET ADDRESS	12300 HWY 70 WEST	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GAITAN, JAUN P	
STREET ADDRESS	8420 N.W. 160TH STREET	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY-ST-ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY-ST-ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY-ST-ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY-ST-ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY-ST-ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96 (941) 467 4883

CR2E034 (12/95)