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 # **P93000043869 (5)**

1. Corporation Name

GOLDEN SANDS CONSTRUCTION MANAGEMENT & MAINTENANCE, INC.

Principal Place of Business
P.O. BOX 420158
MIAMI FL 33142

Mailing Address
P.O. BOX 420158
MIAMI FL 33142

3. Date Incorporated or Qualified: 06/16/1993
3a. Date of Last Report: 05/10/1995

2. Principal Place of Business
21 1313 NW 36 ST
Suite, Apt. #, etc.
22 SUITE 600
City & State
23 MIAMI FL
Zip 24 33142 Country 25 USA

2a. Mailing Address
26 1313 NW 36 ST
Suite, Apt. #, etc.
27 SUITE 600
City & State
28 MIAMI FL
Zip 29 33142 Country 30 USA

4. FEI Number: 65-0419423 ☐ 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

9. Name and Address of Current Registered Agent

MORANTE, THOMAS F
ONE BISCAYNE TOWER, SUITE 3750
TWO SOUTH BISCAYNE BLVD.
MIAMI FL

10. Name and Address of New Registered Agent

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 607.1504 and 607.1505, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	D FEDELE, PETER ~~P.O. BOX 420158 N/A~~ MIAMI FL ☐ DELETE	1 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY, ST, ZIP	D FEDELE, PETER 1313 NW 36 ST, SUITE 600 MIAMI, FL 33142 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	D FEDELE, CLAIRE ~~P.O. BOX 420158 N/A~~ MIAMI FL ☐ DELETE	2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY, ST, ZIP	D FEDELE, CLAIRE 1313 NW 36 ST, SUITE 600 MIAMI, FL 33142 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	D MAGUIRE, MARY ~~P.O. BOX 420158 N/A~~ MIAMI FL ☐ DELETE	3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY, ST, ZIP	D MAGUIRE, MARY 1313 NW 36 ST, SUITE 600 MIAMI, FL 33142 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	☐ DELETE	4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	☐ DELETE	5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	☐ DELETE	6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY, ST, ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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)(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 attached sheet, with an address.

SIGNATURE: _____ MARY F. MAGUIRE 1/15/96 305-633-3336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #