Applied For Not Applicable

\$8.75 Additional

Fee Required **\$5.00** May Be

Added to Fees

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P93000043869**1. Corporation Name

GOLDEN SANDS CONSTRUC CE, INC.	CTION MANAGEMENT & MAINTENAN
Principal Place of Business	Mailing Address
1313 NW 36 ST. SUITE 600 MIAMI FL 33142	1313 NW 36 ST. SUITE 600 MIAMI FL 33142 US
2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28

Country Country

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90052 029 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

06/16/1993

65-0419423

24	25	29	30	5				Persona	l Prope	erty Tax.		▼ Yes	.	□No
9. Name and Address of Current Registered Agent				10				10. Name a	0. Name and Address of New Registered					
					81	Name	-							
MOR	ANTE, THOMAS F			ļ.										
ONE BISCAYNE TOWER, SUITE 3750			'	82	Street	t Address (P.O. Box Number is Not Acceptable					, "			
	SOUTH BISCAYNE BLVD.				83									
MIAN														
1 Miles	m 1 C			7	84	City		-				FL 85	Zip C	ode
		*******			\perp						-		- 14	
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									<u> </u>					
	Signature, typed or printed name of registered agent		(NOTE: Re		gent	signature	required wh	nen reinstating)	IC (C)	ANCES TO	DATE	AND DIRE	CTO	29 IN 12
12.	OFFICERS ANI			13.			1	ADDITIO	15/Un	ANGES TO	OFFICERS	[] Cha		Addition
TITLE	D		ELETE	1.1 TITL									n rg c	
NAME	Fedele, Peter			1.2 NAM	Æ					•				
STREET ADDRESS	1313 NW 36 ST., SUITE 600			1.3 STR	EET/	address	i							
CITY-ST-ZIP	MIAMI FL			1.4 CITY	Y-ST-	ZIP								
TITLE	D		ELETE	ETE 2.1 TITLE						•		Cha	inge	Addition Addition
NAME	FEDELE, CLAIRE			2.2 NAM	Æ							•		
STREET ADDRESS	1313 NW 36 ST., SUITE 600			2.3 STRE		ADDRESS	i							
CITY-ST-ZIP	MIAMI FL			2. 4 CIT	Y-\$T	-ZIP	<u> </u>							
TITLE	D		ELETE	3.1 TITL	Æ							Cha	inge	
NAME	MAGUIRE, MARY			32 NAM	Æ									
STREET ADDRESS	1313 NW 36 ST., SUITE 600			3.3 STREET ADDRESS			:							
CITY-ST-ZIP	MIAMI FL			3.4. CIT	Y-ST	- ZIP								
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CITY-ST-ZIP				4.4 CITY	/- \$T-	ZIP	MM	MI F	<u></u>	3315 F	<u> </u>			
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STREET ADDRESS				5.3 STR	EET.	ADDRESS	·				•	e in the	<u>, </u>	
CITY-ST-ZIP				5.4 CIT		ZIP	<u> </u>	1 10	<u> </u>	<u> </u>	· 1			
TITLE			elete .	6.1 TITL	_					٠.		☐ Cha	ange i	Addition
NAME	•	• •		6.2 NAN	Æ									
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CITY-ST-ZIP				6.4 CIT	Y-ST-		L.					· .		
44		L 1L:- 61:	audifu for th	0.0400	netic	n atata	d in Con	tion 110 07/1	21/i) E	orida Statu	tes I further	cortify that	the in	formation

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 informationated 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, with all other like empowered.