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 # 319973 (4)

1. Corporation Name

GOLDEN REALTY CORP. OF MIAMI

Principal Place of Business

C/O LERMAN AND LERMAN. P.A.
48 EAST FLAGLER STREET. PENTHOUSE 101
MIAMI FL 33131

Mailing Address

C/O LERMAN AND LERMAN. P.A.
48 EAST FLAGLER STREET. PENTHOUSE 101
MIAMI FL 33131

3. Date Incorporated or Qualified: 08/18/1967

3a. Date of Last Report: 04/25/1995

4. FEI Number: 59-1220444 — Applied For / Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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**

LERMAN, ISIDORO
LERMAN AND LERMAN, P.A.
48 EAST FLAGLER STREET, PENTHOUSE 101
33131

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 607.0502 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 ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	SD	☐ DELETE
NAME	SALVZERG, LEON	
STREET ADDRESS	1610 CLEVELAND RD	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	VD	☐ DELETE
NAME	TOPP, MANUEL	
STREET ADDRESS	48 E. FLAGLER ST. (101)	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	PD	☐ DELETE
NAME	KOZOLCHY, BENNY	
STREET ADDRESS	48 E. FLAGLER ST. (101)	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	AS	☐ DELETE
NAME	LERMAN, ISIDORO	
STREET ADDRESS	48 E. FLAGLER ST. (101)	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	TD	☐ DELETE
NAME	GORODETZKY, FELICIA	
STREET ADDRESS	8305 CRESPI BV	
CITY-ST-ZIP	MIAMI BCH, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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] 3/26/96 305 3736541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Isidoro Lerman Asst. Secretary