


6-4-98 B 7928 mc  
FILE NOW. FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jun 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 271145 (5) 1. Corporation Name GOLDEN TOWERS NO. 2, INC.			
Principal Place of Business 15610 N.E. 6TH AVE. 1-C NORTH MIAMI BEACH FL 33162 US		Mailing Address 15610 N.E. 6TH AVE. 1-C NORTH MIAMI BEACH FL 33162 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent MORTON B. ZEMEL 2450 NE MIAMI GARDEN DR SUITE 2ND FLOOR N MIAMI BEACH FL 33180		10. Name and Address of New Registered Agent 81 Name KWITNEY, KROOP & SCHEINBERG 82 Street Address (P.O. Box Number is Not Acceptable) 420 Lincoln Rd. 83 Suite 512 84 City Miami Beach FL 85 Zip Code 33139	
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, typed or printed name of registered agent and file if applicable: <u>Richard I Kroop</u> <u>46</u> <u>RICHARD I KROOP</u> <u>05/20/98</u> NOTE: Registered Agent signature required when reinstating.			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PLANTE, THERESE B 15610 NE 6TH AVE 35D N MIAMI BEACH FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Ssec. Plante, Therese B. 15610 N.E. 6th Ave. 35 D N. Miami Bch. Fl. 33162 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEVEN GOMBOS 15610 NE 6TH AVE 22-D N MIAMI BEACH FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	President Rolando Dominguez 15600 N.E. 6th Ave. 30 B N. Miami Bch Fl. 33162 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUFRIN, HARRIET 15600 NE 6TH AVE 1D N MIAMI BEACH FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	2nd Vice Pres. SUFRIN, Harriet G. 15600 N.E. 6th Ave. 1 D N. Miami Bch. Fl. 33162 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOMB, SADIE 15610 NE 6TH AVE N MIAMI BEACH FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Treasurer Miville-Gildersleeve, Helene 15610 N.E. 6th Ave. 11 C N. Miami Bch Fl. 33162 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AA LYSE PAYETTE 15600 NE 6TH AVE N MIAMI BEACH FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	1st Vice-Pres. Robert J. Wrench 15610 N.E. 6th Ave. 18 C N. Miami Bch Fl. 33162 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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: Helene Gildersleeve (HELENE GILDERSLEEVE TRAS. 04/23/98. 944-3945)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 022799

CR2E034 (10/97)