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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 319973

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/18/1967

4. FEI Number

59-1220444

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☐ DELETE

NAME ~~SALVEND, LEON~~
STREET ADDRESS ~~4610 CLEVELAND RD~~
CITY-ST-ZIP ~~MIAMI FL 00000~~

1.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME TOPP, MANUEL
STREET ADDRESS 48 E. FLAGLER ST. (101)
CITY-ST-ZIP MIAMI, FL 00000

2.1 TITLE ☐ Change ☐ Addition

TITLE PD ☐ DELETE

NAME KOZOLCHY, BENNY
STREET ADDRESS 48 E. FLAGLER ST. (101)
CITY-ST-ZIP MIAMI, FL 00000

3.1 TITLE ☐ Change ☐ Addition

TITLE AS ☐ DELETE

NAME LERMAN, ISIDORO
STREET ADDRESS 48 E. FLAGLER ST. (101)
CITY-ST-ZIP MIAMI, FL 00000

4.1 TITLE ☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME GORODETZKY, FELICIA
STREET ADDRESS 8305 CRESPI BV
CITY-ST-ZIP MIAMI BCH, FL 00000

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

SECRETARY
LERMAN, ISIDORO
48 E. FLAGLER ST (101)
MIAMI, Florida 33131

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)