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**

505 PARK AVE 9TH FLOOR

NEW YORK NY 10022

DOCUMENT # P9600093124

1. Corporation Name

Principal Place of Business

MIAMI FL 33131

LOEB. BLOCK & PARTNERS. LLP

200 S BISCAYNE BLVD SUITE 4750

GOLDEN SANDS, INC.

Mailing Address LOEB, BLOCK, & PARTNERS, LLP

FILED
Mar 22, 1999 8:00 am
Secretary of State
03-22-1999 90123 050 ***150.00

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DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualified			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	
	ARD BLOOM	26			65-0709175		t Applicable	
- Suite, Apt.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
		City & State			6. Election Campaign Financing	\$5.00	May Be	
Mliam	i, Florida	28	⊢ ′		Trust Fund Contribution Added to Fees			
Z93131	Countr U.S.A.	Zip	Country	,	8. This corporation owes the current year Intangible			
24	25	29 30	29 30		Personal Property Tax. Yes No			
 .	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	l Agent		
			81	Name				
SOU	TH FLORIDA REGISTERED AGENT	rs, inc.	82	82 Street Address (P.O. Box Number is Not Acceptable)				
200	S BISCAYNE BLVD SUITE 4750		02	Street Addite				
MIAN	AI FL 33131		83		•			
1			<u> </u>	ļ		loe Zin	Code	
			84	City	FI	_ 85 Zip+	. Jode	
11. Pursuant	to the provisions of Sections 607 0502	and 607.1508, Florida Statutes.	, the abov	e-named corpo	oration submits this statement for the purpose of	f changing its	registered	
· office or r	agistared agent or both in the State of	f Florida. Such change was auth	ionzed by	the corporatio	n's board of directors. I hereby accept the appropriate	intment as re	gistered	
agent i a	m familiar with, and accept the obligation	ons of, Section 607.0505, Fibrid	a Statutes	.			ļ	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Age	nt signature required	when reinstating) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	DP	☐ DELE TE	1.1 TITLE			Change	☐ Addition	
NAME	BERKE, HOWARD		1.2 NAME					
STREET ADDRESS	505 PARK AVE 9TH FL			TADDRESS			ŀ	
	NEW YORK NY		1.4 CITY-ST-ZIP				ļ	
CITY-ST-ZIP	D	□ DELETE	2.1 TITLE			Change	☐ Addition	
NAME	SELZER, HERBERT		2.2 NAME				ļ	
	AND DESIGNATION OF THE PARTY OF			TADORESS				
STREET ADDRESS	I		2.4 CITY-ST-ZIP				7]	
CITY-ST-ZIP	NEW-YORL NY	⊠ DELETE	3.1 TITLE	51-ZIF		☐ Change	☐ Addition	
TITLE	VPT	24 5222.4	3.2 NAME	ĺ	VPT	_ •	x-	
NAME .	MERKER, WILLIAM			T + D D D T C C	M. STEPHEN RASCH			
STREET ADDRESS	505 PARK AVE 9TH FLR			T ADDRESS	505 PARK AVENUE 9 TH FLOOF NEW YORK, NY 10022		•	
CITY-ST-ZIP	NEW YORK NY	□ DELETE	3.4. CITY-1	\$1-ZIP	NEW TORK, NT 10022	Change	☐ Addition	
TITLE	AS WACKEMAN IFFEREY	בן טבנבוב	4.1 IIILE 4.2 NAME	ļ			_	
NAME -	WACKSMAN, JEFFREY		1	TADDRESS	•		}	
STREET ADDRESS	l .	•						
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP					
TITLE	VIDC	☐ nei ste		ST-ZIP		Change	Addition	
	VPS	☐ DELETÉ	5.1 TITLE	ST-ZIP		Change	☐ Addition	
NAME	BLOOM, LEONARD		5.1 TITLE 5.2 NAME			Change	☐ Addition	
NAME STREET ADDRESS	BLOOM, LEONARD 200 S BISCAYNE BLVD SUITE 4		5.1 TITLE 5.2 NAME 5.3 STREE	T ADDRESS		☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	BLOOM, LEONARD	1750	5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S	T ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP TITLE	BLOOM, LEONARD 200 S BISCAYNE BLVD SUITE 4		5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE	T ADDRESS	·	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	BLOOM, LEONARD 200 S BISCAYNE BLVD SUITE 4	1750	5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE 6.2 NAME	T ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP TITLE	BLOOM, LEONARD 200 S BISCAYNE BLVD SUITE 4 MIAMI FL 33131	1750	5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE 6.2 NAME	T ADDRESS T-ZIP T ADDRESS				

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 of 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 attraction of the corporation of the corp

SIGNATURE:

HABANOTYPED OR PRINTED/AME OF SIGNING OFFICER OR DIRECTOR