FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **243083** **(3)**

1. Corporation Name
GOLDEN DREAMS INC

Principal Place of Business	Mailing Address
65 WASHINGTON AVE. MIAMI BEACH FL 33139	65 WASHINGTON AVE. MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
12/22/1960	06/19/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number **59-1440286** ☐ 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 has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
* RAWLING, BRADLEY K 65 WASHINGTON AVE. #20 MIAMI BEACH FL 33139	61 Name 62 Street Address (P.O. Box Number is Not Acceptable) 63 64 City **FL** 65 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TS	11 TITLE	☐ Change ☐ Addition
NAME	GRAYSON, MIMI	12 NAME	
STREET ADDRESS	75 WASHINGTON AVE #9	13 STREET ADDRESS	
CITY ST ZIP	MIAMI BEACH FL	14 CITY ST ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	RAWLING, BRAD	22 NAME	
STREET ADDRESS	75 WASHINGTON #20	23 STREET ADDRESS	
CITY ST ZIP	MIAMI BCH. FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	FERJAN, JOSEPHINE	32 NAME	500001487995 -05/16/95--01005--020
STREET ADDRESS	65 WASHINGTON AVE., #3	33 STREET ADDRESS	****200.00 ****200.00
CITY ST ZIP	MIAMI BEACH FL 33139	34 CITY ST ZIP	
TITLE	P	41 TITLE	☐ Change ☐ Addition
NAME	GREENFIELD, SCOTT	42 NAME	
STREET ADDRESS	65 WASHINGTON AVE., #3	43 STREET ADDRESS	
CITY ST ZIP	MIAMI BEACH FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HILLSTROM, CHRIS	52 NAME	
STREET ADDRESS	17145 SW 90TH AVENUE	53 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33157	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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: x Bradley C Rawling 4/24/95 305-472-0812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0140781