

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 243083 (3)  
1. Corporation Name  
GOLDEN DREAMS, INC.



Principal Place of Business 65 WASHINGTON AVE. MIAMI BEACH FL 33139	Mailing Address 65 WASHINGTON AVE. MIAMI BEACH FL 33139-7328
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 12/22/1960	3a. Date of Last Report 06/21/1996
				4. FEI Number 59-1440286	Applied For Not Applicable
				5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RESEARCH MANAGEMENT CORPORATION 104 CRANDON BLVD. STE #300 KEY BISCANE FL 33149		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	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPS	1.1 TITLE	D
NAME	GRAYSON, MIMI	1.2 NAME	GRAYSON, MIMI
STREET ADDRESS	75 WASHINGTON AVE #9	1.3 STREET ADDRESS	75 WASHINGTON AVENUE, #9
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	T	2.1 TITLE	SD
NAME	FERJAN, JOSEPHINE	2.2 NAME	ATANASOVA, DANIELLE
STREET ADDRESS	65 WASHINGTON AVE., #3	2.3 STREET ADDRESS	65 WASHINGTON AVENUE, #6
CITY-ST-ZIP	MIAMI BEACH FL 33139	2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	P	3.1 TITLE	PD
NAME	GREENFIELD, SCOTT	3.2 NAME	GREENFIELD, SCOTT
STREET ADDRESS	65 WASHINGTON AVE., #3	3.3 STREET ADDRESS	65 WASHINGTON AVENUE, #21
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D	4.1 TITLE	TD
NAME	HILLSTROM, CHRIS	4.2 NAME	FERJAN, JOSEPHINE
STREET ADDRESS	17145 SW 90TH AVENUE	4.3 STREET ADDRESS	65 WASHINGTON AVENUE, #3
CITY-ST-ZIP	MIAMI FL 33157	4.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Scott Greenfield* 1-1-97 (305) 532-8888

CR2E034 (9/96)