

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #
1. Corporation Name

243083

GOLDEN DREAMS, INC.

Principal Place of Business

Mailing Address

65 WASHINGTON AVENUE
MIAMI BEACH, FL 33139

C/O RESEARCH MANAGEMENT CORP
104 CRANDON BOULEVARD
#300
KEY BISCAYNE, FL 33149

3. Date Incorporated or Qualified

12/22/1960

4. FEI Number

59-1440286

Applied For

Not Applicable

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

30

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

RESEARCH MANAGEMENT CORPORATION
104 CRANDON BOULEVARD
SUITE 300
KEY BISCAYNE, FLORIDA 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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

TITLE ☐ DELETE
NAME **GRAYSON, MIMI**
STREET ADDRESS **75 WASHINGTON AVE., #9**
CITY-ST-ZIP **MIAMI BEACH, FLORIDA 33139**

TITLE ☐ DELETE
NAME **TD FERJAN, JOSEPHINE**
STREET ADDRESS **65 WASHINGTON AVE., #3**
CITY-ST-ZIP **MIAMI BEACH, FLORIDA 33139**

TITLE ☐ DELETE
NAME **PD GREENFIELD, SCOTT**
STREET ADDRESS **65 WASHINGTON AVENUE., #3**
CITY-ST-ZIP **MIAMI BEACH, FLORIDA 33139**

TITLE ☐ DELETE
NAME **D HILLSTROM, CHRIS**
STREET ADDRESS **17145 SW 90 AVE**
CITY-ST-ZIP **MIAMI, FLORDIA 33157**

TITLE ☐ DELETE
NAME **SD ANTANASOVA, DANIELLE**
STREET ADDRESS **65 WASHINGTON AVENUE, #5**
CITY-ST-ZIP **MIAMI BEACH, FLORIDA 33139**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **T GRAYSON, MIMI**
1.3 STREET ADDRESS **75 WASHINGTON AVENUE, #9**
1.4 CITY-ST-ZIP **MIAMI BEACH, FLORIDA 33139**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **P SAYER, KEVIN**
3.3 STREET ADDRESS **65 WASHINGTON AVENUE, #1**
3.4 CITY-ST-ZIP **MIAMI BEACH, FLORIDA 33139**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **V DE LAS MATA, SILVYO**
4.3 STREET ADDRESS **65 WASHINGTON AVENUE, #23**
4.4 CITY-ST-ZIP **MIAMI BEACH, FLORIDA 33139**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **8000024944**
5.3 STREET ADDRESS **-04/21/98--01011--013**
5.4 CITY-ST-ZIP *****70.00**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James Kevin Sayre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Kevin Sayre
President

3/30/98

(305) 361-2555

Date

Daytime Phone #

CR2E037 (10/97)