4-17-98 B. FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

1998	Secretary of State DIVISION OF CORPORATIONS		Secretary of State	
DOCUMENT # F54342	2 (3)			
GOLDEN INVESTMENTS CORPORA	ATION			
			I MARIJAA ILBI CIIM BIBAR IIIII BIRKA MARI ATAIL BARIJ BARIJ	ATOM BIRT BIRT BER
Principal Place of Business	Adallia a Adalasa	·		i
2627 N.E. 203RD. ST. 2627 N.E. 203RD. ST. SUITE 202 SUITE 202				
N MIAMI BEACH FL 33180-8945	N MIAMI BEACH FL 331	80-8945	DO NOT WRITE IN THIS SPACE	DE
			3. Date Incorporated or Qualified 11/24/1981	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-2276181	Not Applicable
Suite, Apt. #, etc.			5. Certificate of Status Desired	8.75 Additional
22 27 City & State City & State			6. Election Campaign Financing	Fee Required 5.00 May Be
23 28				Added to Fees
Zip Country	Ζιρ	Country	8. This corporation owes or has paid the current	
24 25	29	30	Personal Property Tax due June 30. Ye	
9. Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Registered Ager	nı
GOLDFARB, SUSAN 2627 N.E. 203RD. ST.				
SUITE 202		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
MAMI FL 33180-8945		83		
		84 City	85	5 Zip Code
40.000	- 1003 4500 El-11 Onto		FL	
office or registered agent, or both, in the State	of Florida, Such change was	tes, the above-named corpora authorized by the corpora	poration submits this statement for the purpose of cha tion's board of directors. I hereby accept the appoints	nent as registered
agent. I am tamiliar with, and accept the obliga	tions of, Section 607.0505, Fi			
0.00.471.00		ionoa statujes.		
SIGNATURE Signature, typed or printed name of registered agen		TE Registered Agent signature requ	oired when reinstating) DATE	
Signature, typed or printed name of registered agent 12. OFFICERS AND	nt and title if applicable. (NO	TE Registered Agent signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIR	RECTORS IN 12
Signature, typed or priviled name of registered age: 12. OFFICERS AND TITLE P	at and title if applicable. (NO	TE Registered Agent signature required 13.	ired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIR	
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emiliae report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an over or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in high an address U/SUSAN GOLDPARS

FILED

Apr 17 1998 8:00am