


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

FILED

Apr 15 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # G16994 (7)</b> 1. Corporation Name <b>GOLFEX, INC.</b>			
Principal Place of Business <b>1500 SAN REMO AVE #245</b> <b>CORAL GABLES FL 33146-3047</b> <b>US</b>		Mailing Address <b>1500 SAN REMO AVE #245</b> <b>CORAL GABLES FL 33146-3047</b> <b>US</b>	
2. Principal Place of Business 21 Suite Apt. #, etc. <b>Suite 237</b> City & State 23 Zip Country <b>33146-3047</b> <b>US</b>		2a. Mailing Address 26 Suite, Apt. #, etc. <b>Suite 237</b> City & State 28 Zip Country <b>33146-3047</b> <b>US</b>	
3. Date Incorporated or Qualified <b>01/04/1983</b>		3a. Date of Last Report <b>03/19/1996</b>	
4. FEI Number <b>59-2319426</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>HUGHEY, BONNIE J.</b> <b>1500 SAN REMO AVE #239</b> <b>CORAL GABLES FL 33146-3047</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>T</b> <input type="checkbox"/> DELETE NAME <b>HUGHEY, BONNIE J.</b> STREET ADDRESS <b>1500 SAN REMO AVE #239</b> CITY-ST-ZIP <b>CORAL GABLES FL 47</b>	1.1 TITLE <b>V/AS/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>Hughey, Bonnie J.</b> 1.3 STREET ADDRESS <b>1500 San Remo Ave., Suite 239</b> 1.4 CITY-ST-ZIP <b>Coral Gables, FL 33146-3047</b>		
TITLE <b>PSD</b> <input type="checkbox"/> DELETE NAME <b>YOUNG, DAVID F.</b> STREET ADDRESS <b>1500 SAN REMO AVE #245</b> CITY-ST-ZIP <b>CORAL GABLES FL 54</b>	2.1 TITLE <b>P/S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <b>Young, David F.</b> 2.3 STREET ADDRESS <b>1500 San Remo Ave., Suite 245</b> 2.4 CITY-ST-ZIP <b>Coral Gables, FL 33146-3054</b>		
TITLE <b>WAS</b> <input checked="" type="checkbox"/> DELETE NAME <b>HUGHEY, BONNIE J.</b> STREET ADDRESS <b>1500 SAN REMO AVE #239</b> CITY-ST-ZIP <b>CORAL GABLES FL 47</b>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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: <i>Bonnie J. Hughey</i> <b>REQUIRED</b> <b>4/3/97</b> <b>(305) 662-9324</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>Bonnie J. Hughey, Vice President/Asst. Secretary/Treasurer</b>			

CR2E034 (9/96)