

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
95 JUL 21 PM 12:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **G82257 (8)**
1. Corporation Name
GOLDEN HOMES CORPORATION

Principal Place of Business Mailing Address
13831 SW 59TH ST., STE 100 MIAMI FL 33183 **13831 SW 59TH ST., STE 100 MIAMI FL 33183**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/02/1983	3a. Date of Last Report 03/25/1994
21		26		4. FEI Number 59-2343911	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22		27		6. Election for S Corporation <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
24	Zip	25	Country	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROSAS-GUYON, LUIS 13831 SW 59TH ST #100 MIAMI FL 33183				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		85
				FL			

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 reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSAS-GUYON, LUIS	1.2 NAME	
STREET ADDRESS	13831 SW 59 ST #100	1.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AIZCORBE, PEDRO	2.2 NAME	
STREET ADDRESS	43311 SW 28TH TERRACE #C	2.3 STREET ADDRESS	D CORONEL ZEGARRA, JORGE
CITY, ST, ZIP	MIAMI FL	2.4 CITY, ST, ZIP	13831 SW 59 St #100 Miami FL 33183
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUNICK, MARC	3.2 NAME	
STREET ADDRESS	5210 SELENE DR.	3.3 STREET ADDRESS	
CITY, ST, ZIP	ATLANTA GA	3.4 CITY, ST, ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSAS-GUYON, ELENA	4.2 NAME	
STREET ADDRESS	325 CAMPANA AVENUE	4.3 STREET ADDRESS	
CITY, ST, ZIP	CORAL GABLES FL	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Luis Rosas-Guyon* **Luis Rosas-Guyon** 7/18/95 305-386-3858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/95)