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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K60438

GOLDEN FLOOR INTERNATIONAL, INC.

(4)

FILED									
Feb 05 1997 8:00am									
Secretary of State									

### AMAIL BEACH FL 30180 ### AMAIL BEACH FL	Principal Place	of Business	Mailing Address				I HADIOKI DIA BISH DAIN ANDOA WIRK SAUL BIRN ANDI ANDI ANDU BIRK BIRN ANDI INDI			
R. MAMI BEACH FL 33180 2. Principal Pains of Business 2. Principal Pains of Business 3. Date Incorporation of Qualified O1/2/4/1989 2. Principal Pains of Business 3. Date of Last Report O2/19/1986 2. Principal Pains of Business 3. Date of Last Report O2/19/1986 2. Principal Pains of Business 3. Date of Last Report O2/19/1986 2. Principal Pains of Business 3. Date of Last Report O2/19/1986 3.										
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City & Status		t oto		do.	•••••		05-0000070			
City & State 28 29 20 20 20 20 20 20 20 20 20		r, etc		ilo.			5. Certificate of Status Desired			
28	City & State		City & State	***************************************			6. Election Campaign Financing		\$5.00	May Be
Zip Country Zip Country Zip Country Ea This corporation has fability for intemplate au under s. 199 (32), Florida Statutes Superial Address of Current Registered Agent SARRY, GABRIEL 21121 NE 24Th CT N MIAMI BEACH FL 33180 Significant Florida Statutes Superial Address (P.O. Box Number is Not Acceptable) Superial Address (P.O. Box Number is Not Acceptable) Superial Address (P.O. Box Number is Not Acceptable)	23		28				Trust Fund Contribution			
Name and Address of Current Registered Agent	Zip	Country	Zip	Co	untry	•				s. 199.032,
SARRY, GABRIEL 21121 NE 24TH CT N MIAMI BEACH FL 33180 10	24			30	.,					
SVENT, OPERATION AND PRODUCT OF THE PROPERTY O			ent Registered Agent		-	A. 1	10. Name and Address of New Re	listered A	gent	
N MIAMI BEACH FL 33180 11. Fursuant to the provisions of Scenario 607 (602 and 607 toos, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. Or both it has been of floridad Scenario 607 (602 statutes, but above named corporation submits this statement for the purpose of changing its registered agent. I are familiar with, and accept the obligations 607,0005, Florida Statutes, and accept the objection of corporation statutes statutes are familiar with, and accept the obligations 607,0005, Florida Statutes, and accept the objection of corporation statutes are gistered significant of corporation of corporation agent of the corporation in board of directors. Thereby accept the opporation as registered agent. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME STREET ADDRESS CITY 51 7P 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CONTROL TO THE CORPORATION OF CORP					81	Name				
STATE					82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	· · ·	
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 agent, or both, in fine State of Horida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in fine State of Horida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in fine State of Horida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in fine State of Horida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in fine State of Horida Statutes. Institute	। । । । ।	AMI DENOTITE SOTO			83				<u> </u>	
11. Pressent 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 and the proposed of the exposition of the purpose of changing its registered office or registered agent and the proposed of directors. Thereby accept the eppointment as registered office or registered agent	I				84	City	·		85 Zip	Code
office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and manifely with, and accept the obligations of, Socion 607.0505. Florida Statutes. SIGNATURE 12. OFTICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTE MAME SARRY, GABRIEL 21121 NE. 24TH CT. 13 STREET ADDRESS CITY-ST-ZIP THE CONTINEN, KRISTINA P. 22 NAME SIRRET ADDRESS CITY-ST-ZIP THE DELETE 33 STREET ADDRESS CITY-ST-ZIP THE DELETE 34 CITY-ST-ZIP THE DELETE 41 THE DELETE 51 THE DE					1	<u> </u>				
SIGNATUFE Signature types for protes in passed diagret and most in procadors 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 12	11, Pursuant to office or re	o the provisions of Sections 607.05 gistered agent, or both, in the Sta	502 and 607,1508, Florida ite of Florida. Such changi	i Statutes, the a e was authorizi	above ed by	e-named corp the corpora	poration submits this statement for the p ition's board of directors. I hereby accep	urpose of It the appo	changing sintment a	ns registered s registered
Signatur signatur pretine regional and prefect All prefect All Park SARPY SARPY CHange DELETE 11 TITLE Change Addition Addition SARPY CHANGE SARPY CHANGE CHANGE SARPY CHANGE CH	agent. Lan	ifamiliar with, and accept the obli	igations of, Section 607.05	505, Florida Sta	atutes	3.	·			_
12.	SIGNATURE	Structure typed or necessariance of penisture du	noent and lifts diagnicable	/NOTE Register	ed Age	sot signature regu	ired when reinstating)	DATE		
NAME SARRY, GABRIEL 12 NAME 13 STREET ADDRESS 12 NAME 13 STREET ADDRESS 14 CHY-ST-2IP 15 CHY-S				13	 •		ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO	RS IN 12
STREET ADDRESS CITY-ST-ZIP	г	D	☐ DĒLI	ETE 11	TITLE		***************************************		Change	Addition
MAMI FL	NAME	SARRY, GABRIEL		12	NAME	Ì				
DELETE D	STREET ADDRESS	21121 N.E. 24TH CT.		1.3	STREET	ADDRESS				
DELETE	CITY-ST-ZIF	MIAMI FL		1.4	CITY-S	ST-ZIP				
STREET ADDRESS CITY - ST - ZIP		D	DELO						Change	☐ Addition
DELETE	NAME	Kontinen, Kristina P.		2.2	NAME		•			
DELETE DELETE S.1 TITLE Change Addition Add	SIREEL ADDRESS	21121 N.E. 24TH CT.		2.3	STREET	ADDRESS				
NAME	CITY+ST-ZIP	MIAMI FL		2.4	CITY-	ST-ZIP				
33 STREET ADDRESS 34 CITY - ST - ZIP 34 CITY - ST - ZIP	TITLE		DELI	ETE 3.1	TITLE				Change	Addition
STREET ADDRESS STRE	NAME			3.2	NAME					
TITLE	STREET ADDRESS			3.3	STREET	ADDRESS				
NAME	CITY-ST-ZIP			3.4.	CITY-	ST-ZIP				
A3 STREET ADDRESS A4 CITY - ST - ZIP	TITLE		DEL	ETE 4.1	TITLE				Change	Addition
A4 CITY-S1-ZIP	NAME			4. 2	NAME					
TITLE	STREET ADDRESS			4.3	STREET	ADDRESS				
DELETE	CHY-ST-ZIP			4.4	CITY-S	ST-ZIP				
STREET ADDRESS			D£L	ETE 5.1	TITLE				Change	Addition
C-TY - ST - 7IP 5.4 CITY - ST - 7IP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS	NAME			5.2	NAME					
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STREET ADDRESS 6.3 STREET ADDRESS			DEL						Change	Addition
STREET ADDRESS 6.3 STREET ADDRESS	NAMÉ			6.2	NAME	1				
						ADDRESS				
	CITY-S1-7IP									

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 efficer 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.

(340)31-2898