

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90116 006 ***150.00

DOCUMENT # L93022

1. Corporation Name
GOLDEN-BREW, INC.

Principal Place of Business
12399 SW 53RD ST
STE 104
COOPER CITY FL 33330
US

Mailing Address
P. O. BOX 821610
S. FLORIDA FL 33082
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1990

4. FEI Number

65-0214602

Applied For
Not Applicable

5. Certificate of Status Desired ☐ Additional Fee Required

\$8.75

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHIODO, DANIEL J
2652 EDGEWATER DR
FT LAUDERDALE FL 33332

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
12399 SW 53rd St.

83 Ste. 104

84 City
Cooper City

FL 85 Zip Code
33330

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Daniel J. Chiodo

5-99

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
CHIODO, DANIEL J.
STREET ADDRESS
2652 EDGEWATER DR
CITY-ST-ZIP
FT LAUDERDALE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
PASLEY, DIANE
STREET ADDRESS
16267 ERIE PLACE
CITY-ST-ZIP
DAVIE FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
CLINTON, LISA
STREET ADDRESS
17930 NW 84TH AVE
CITY-ST-ZIP
MIAMI FL

3.1 TITLE ☒ Change ☐ Addition

TITLE ☒ DELETE

NAME
CHIODO, LINDA
STREET ADDRESS
2652 EDGEWATER DR
CITY-ST-ZIP
FT LAUDERDALE FL

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

Daniel J. Chiodo

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0176483