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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M12587

(5)

GOLUB & ASSOCIATES, INC.

Principal Place of Business Mailing Address 10920 S.W. 84TH COURT 10920 S.W. 84TH COURT MIAMI FL 33156-3526 MIAMI FL 33158 3. Date Incorporated or Qualified 3a. Date of Last Report 03/13/1985 03/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2504970 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country $Z(\mathbf{r})$ Zip 8. This corporation has liability for intangible tax under s. 199.032, 29 30 Florida Statutes Yes No 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GOLUB, RICHARD 10920 S.W. 84TH COURT Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33156** 83 RA City Zip Code 85 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. Familiar with land accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signatine, typed or ponted name of registered agent and foe if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. (96/6) 13. Addition TITLE DELETE 11 TITLE Change PΠ GOLUB, RICHARD M. NAME 1.2 NAME 10920 S.W. 84TH CT STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY - ST - ZIP Change DELETE 2.1 TITLE Addition TITLE 2.2 NAME NAMA 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY ST Addition DELETE Change 31 TITLE TITLE 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CHTY-ST-ZIP CITY-ST Z# DELETE Change Addition 4.1 TITLE T.TLF 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS C-TY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TOTE TITLE NAME 6.2 NAME

6.3 STREET ADORESS

64 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

STREET ADDRESS

appears in Block 12 or Block

PICHARD GOLUB 1/25/97

FILED

Jan 29 1997 8:00am

Secretary of State