FILE NOW: FILING FEE AFTER MAY 1 IS \$55

PROFIT CORPORATION ANNUAL REPORT

1997



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M23839

(7)

GOLDEN H. CORPORATION

Jun 13 1997 8:00am Secretary of State

822-8391

FILED

Principal Place OBRIMAN PERCI	of Business	Mailing Address - OFRMAN PEREZ CESS - MILLS DR.: UNIT D-63 - LIIAMI -FL-83163 4844		3. Date Incorporated or Qualifit 11/22/1985	ed 3a. Date of Last Report 04/05/1996
2. Principal Pia 21 /64	S W. 4974 ST	26. Mailing Address 26. 1645 W. 4	49TH ST	4 FF1 Number	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	EAH , FL	City & State 28 HAIEA	H,FC	6. Election Campaign Financing Trust Fund Contribution	g \$5.00 May Be Added to Fees
Zip 330	12 Country DADE-USA	Zip	Country DADE-U	Florida Statutes	for intangible tax under s 199 032,
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
### PEREZ GERMAN 1020 W. 6107 PL: HIALEAN FL 33012 81 Name ANTONIO FEREZ 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City / Long Aug. 85 Zig Code					
11. Pursuant to the provisions of Sections 607.0502 and 607 1508/Floright Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both fin the State of Florida. Such phange 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, these phase frame of registered agent and tile it application. (1) TIF. Registered Agent signature required when reinstalling)					
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 12
TITLE	V	DEV.1E	1.1 THLE	PS ANTONIO F 5461 W. 10 HLAIEAH, F	ERE2 Addition
NAME *	PEREZ, BRISEIDA	//	1.2 NAME	5451 11) 11	ANF
STREET ADDRESS	_1029 W_51ST_PL_		1.3 STREET ADDRESS	1/2/5/10/10	7 220/0
CITY-ST-ZIP	HIALEAH PL		1.4 CITY - ST - ZIP	HAICHH, F	7.03012.
TITLE	P PPDCT OPDIAL ID	DELETE	2.1 1ITLF		Change Addition
NAME	-PEREZ; GERMAN; JR:-	,	2.2 NAME		
STREET ADDRESS	1020 W- 516T PL-		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEANTEL	DELETE	2. 4 City - ST - ZiF		Change Addition
TITLE	•		3.1 TITLE 3.2 NAME		C Grange Noonier
NAME .					
STREET ADDRESS		·	3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELFTE	3.4. CITY-ST-7IP 4.1 TITLE		Change Addition
NAME		_	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-S1-ZIP		·
TITLE		DELET e	5.1 THTLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STHEET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	•		6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CHTY-ST-ZIP		
14. I do hereb information I am an of appears in	y certify that the information supplied in indicated on this annual report or sulficer or director of the corporation or its Block 12 or Block 13 if changed, of c	with this filing does not qualify pplemental annual report is in ne receiver or trustee empower on an attachment with an andr	for the exemption state and accurate and reduced to execute this reast.	ated in Section 119.07(3)(i), Florida Sta that my signature shall have the same eport as required by Chapter 607, Florid	itules. I further certify that the legal effect as if made under oath; that da Stalutes; and that my name