

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90282 027 \*\*\*150.00

|                                                       |                                                                                   |                                                                                                    |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Northam<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

DOCUMENT #  
1. Corporation Name  
GOLF FLGLER CORPORATION ✓

| Principal Place of Business                        | Mailing Address                              |
|----------------------------------------------------|----------------------------------------------|
| 2006 BISCAYNE BLVD.<br>MIAMI, FLORIDA 33137<br>USA | 2006 BISCAYNE BLVD<br>MIAMI, FL 33137<br>USA |

|                                |                    |                     |                    |
|--------------------------------|--------------------|---------------------|--------------------|
| 2. Principal Place of Business |                    | 2a. Mailing Address |                    |
| 21                             | 2006 BISCAYNE BLVD | 28                  | 2006 BISCAYNE BLVD |
| Suite, Apt. #, etc.            |                    | Suite, Apt. #, etc. |                    |
| 22                             |                    | 27                  |                    |
| City & State                   |                    | City & State        |                    |
| 23                             | MIAMI, FLORIDA     | 28                  | MIAMI, FLORIDA     |
| Zip                            | Country            | Zip                 | Country            |
| 24                             | 33137              | 25                  | USA                |
|                                |                    | 29                  | 33137              |
|                                |                    | 30                  | USA                |

|                                                             |  |    |                |       |
|-------------------------------------------------------------|--|----|----------------|-------|
| 9. Name and Address of Current Registered Agent             |  | 01 | Name           | CH    |
| CHAUDHURY, ENRIQUE<br>2006 BISCAYNE BLVD<br>MIAMI, FL 33137 |  | 02 | Street Address | 2006  |
|                                                             |  | 03 |                |       |
|                                                             |  | 04 | City           | MIAMI |

| DO NOT WRITE IN THIS SPACE                                                                                                                                   |                                                                                                |             |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------|----------------|
| 3. Date Incorporated or Qualified<br>03/27/1987                                                                                                              |                                                                                                |             |                |
| 4. FEI Number:<br>54-2800876                                                                                                                                 | <table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table> | Applied For | Not Applicable |
| Applied For                                                                                                                                                  |                                                                                                |             |                |
| Not Applicable                                                                                                                                               |                                                                                                |             |                |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                    | \$8.75 Additional Fee Required                                                                 |             |                |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                              | \$5.00 May Be Added to Fees                                                                    |             |                |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                |             |                |
| 10. Name and Address of New Registered Agent                                                                                                                 |                                                                                                |             |                |

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 releasing) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|---------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PD                              | 1.1 TITLE                                             |                                                                   |
| NAME                       | CHUDNOSKY ENRIQUE               | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 2006 BISCAYNE BLVD              | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | MIAMI, FLORIDA 33137            | 1.4 CITY - ST - ZIP                                   |                                                                   |
|                            | <input type="checkbox"/> DELETE |                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | ST                              | 2.1 TITLE                                             |                                                                   |
| NAME                       | CASTRO, JOSEER                  | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 2006 BISCAYNE BLVD              | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | MIAMI, FLORIDA 33137            | 2.4 CITY - ST - ZIP                                   |                                                                   |
|                            | <input type="checkbox"/> DELETE |                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |                                 | 3.1 TITLE                                             |                                                                   |
| NAME                       |                                 | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                                 | 3.4 CITY - ST - ZIP                                   |                                                                   |
|                            | <input type="checkbox"/> DELETE |                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |                                 | 4.1 TITLE                                             |                                                                   |
| NAME                       |                                 | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                                 | 4.4 CITY - ST - ZIP                                   |                                                                   |
|                            | <input type="checkbox"/> DELETE |                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |                                 | 5.1 TITLE                                             |                                                                   |
| NAME                       |                                 | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                                 | 5.4 CITY - ST - ZIP                                   |                                                                   |
|                            | <input type="checkbox"/> DELETE |                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |                                 | 6.1 TITLE                                             |                                                                   |
| NAME                       |                                 | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                                 | 6.4 CITY - ST - ZIP                                   |                                                                   |
|                            | <input type="checkbox"/> DELETE |                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 115.07(3)(g), Florida Statutes, 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.

FILED: 4-29-99 4/29/99 (305) 438-140

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