

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25)

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003838 (9)

1. Corporation Name

GOLDEN AGE SERVICES, INC.

Principal Place of Business

Mailing Address

9340 SW 167TH ST (office)
MIAMI FL 33157
8601 SW 199th - (center)
Miami FL 33189

9340 SW 167TH ST
MIAMI FL 33157

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/04/1994

4. FEI Number

65-0508876

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

MARTINEZ, ADALJISA I
9340 SW 167TH ST
MIAMI FL 33157

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME FERNANDEZ, JOSE L
STREET ADDRESS 8284 SW 205TH TER
CITY-ST-ZIP MIAMI FL 33189

TITLE D ☐ DELETE
NAME DEL VALLE, MANUEL
STREET ADDRESS 7270 NW 12TH ST #700
CITY-ST-ZIP MIAMI FL 33126

TITLE D ☐ DELETE
NAME MOROAN, NETTE DR
STREET ADDRESS 5445 SW 67TH ST
CITY-ST-ZIP MIAMI FL

TITLE D ☒ DELETE
NAME GRAY, MONICA
STREET ADDRESS 7715 SW 57TH AVE APT 3
CITY-ST-ZIP MIAMI FL *moved*

TITLE D ☐ DELETE
NAME MUXO, LAURA
STREET ADDRESS 20311 SW 116TH AVE
CITY-ST-ZIP MIAMI FL

TITLE PD ☐ DELETE
NAME MARTINEZ, ADALJISA I.
STREET ADDRESS 9340 SUE 167 ST.
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Adaljisa I. Martinez, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 9/98 (305) 238-5445
Date Daytime Phone #

FILED
Jul 23 1998 8:00am
Secretary of State



CR2E037 (5/98)