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Jun 28, 1999 8:00 am
Secretary of State

06-28-1999 90003 006 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003838

1. Corporation Name

GOLDEN AGE SERVICES, INC.

Principal Place of Business

8601 SW 199TH ST
 MIAMI FL 33189
 US

Mailing Address

9340 SW 167TH ST
 MIAMI FL 33157

000287 - 90003 - 6

DEPARTMENT OF STATE



2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	08/04/1994
22 City & State		27 City & State	4. FEI Number
23 Zip		28 Zip	65-0508876
24 Country		29 Country	Applied For
		30	Not Applicable
5. Certificate of Status Desired			\$8.75 Additional Fee Required
6. Election Campaign Financing			\$5.00 May Be Added to Fees
Trust Fund Contribution			

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	FERNANDEZ, JOSE L	1.2 NAME	
STREET ADDRESS	8284 SW 205TH TER	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33189	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	DEL VALLE, MANUEL	2.2 NAME	
STREET ADDRESS	7270 NW 12TH ST #700	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	MORGAN, IVETTE DR	3.2 NAME	Morgan Ivette Dr.
STREET ADDRESS	5445 SW 67TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	AMADOR, ZALYDA	4.2 NAME	Esperanza Rodriguez
STREET ADDRESS	16020 SW 109TH AVE	4.3 STREET ADDRESS	14961 SW 307 Street
CITY-ST-ZIP	MIAMI FL 33157	4.4 CITY-ST-ZIP	Leisure City, FL 33023
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	MARTINEZ, ADALJISA I.	5.2 NAME	9340 SW 167 St
STREET ADDRESS	9340 SW 167 ST.	5.3 STREET ADDRESS	MIAMI FL 33157
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

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

6-8-99

Date

(305) 238-54

Daytime Phone #