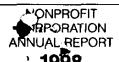
FILE NOW: FILING FEE IS \$61.25





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of state •

DIVISION OF CORPORATIONS

FILED Mar 30 1998 8:00am Secretary of State

GOLDE	IN GLADES DOMINO CLUE	3, INC.) (8\$11)\$(\$(6 16)) 148); 45() \$21); 84); 86)((84)(48); 46)((48); 46)(48);
Principal Plac	e of Business	Mailing Address		
17440 NW 2 AVE 17440 NW 2 AVE				3. Date Incorporated or Qualified
MAMI FL 33169 MIAMI FL 33169				
				04/10/1997 4. FEI Number Applied For
				65-0801731 Not Applicable
2. Principal P	Place of Business	2a. Mailing Address		- \$0.7E Addition
21		26		5. Certificate of Status Desired Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		Election Campaign Financing \$5.00 May Be
22		27		Trust Fund Contribution Added to Fees
City & Stat	le .	City & State		7. Is this nonprofit corporation a homeowners association?
23	Covete	28	Country	☐ Yes ☐ No
Zip 24	Country	Zip	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	9. Name and Address of Curre	29 Agent	[30]	10. Name and Address of New Registered Agent
			81 Nam	
NEI COM	I, LENFORD			
17440 N			82 Stree	et Address (P.O. Box Number is Not Acceptable)
MAMI FI	·· - · · · -		83	
Mary Ann 1 f	2 00 109		44 0	
			84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statu	tes, the above-name	
office or i	registered agent, or both, in the Stat am familiar with, and accept the oblid	e of Florida. Such change was pations of, Section 617 0503. F	authorized by the co lorida Statutes.	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered
SIGNATURE		9		
	Signature, typed or printed name of registered as	gent and tille if applicable (NO	TE: Registered Agent signate	ture required when reinstating) DATE
12.	OFFICERS AI	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	LENFORD NELSON	DELETE	1.1 TITLE	Change L. Addition
NAME	8627 BEEKMAN DRI	VE	1.2 NAME	
STREET ADDRESS	MIRAMAR, FL. 3302	5	1.3 STREET ADDRESS	8
CITY-ST-ZIP			1.4 CITY - ST - ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WINSTON LIBERT	_	2.2 NAME	
STREET ADDRESS	3008 SW 67 TERRAC		2.3 STREET ADDRESS	is
CITY-ST-ZIP	MIRAMAR, FL. 330	23 □ DELETE	2.4 CITY-ST-ZIP	Change Addition
TITLE	D DOWN COLUMN	C) peccie	3.1 TITLE	☐ Change ☐ Addition
NAME OTOGET ADDRESS	BOTWICK COWARD		3.2 NAME	
STREET ADDRESS	7637 FAIRWAY BLVD		3.3 STREET ADDRESS	»
TITLE	MIRAMAR, FL. 3302	3 DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	☐ Change ☐ Addition
NAME			4.7 MLE	C Ontaining C Prodution
STREET ADDRESS	KENNETH ANDERSON	-	4.3 STREET ADDRESS	
CITY-ST-ZIP	8521 CLARIDGE DRI	VE	4.4 CITY-ST-ZIP	~
TITLE	MIRAMR, FL. 33025	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	1	•	5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	ss
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	ss]
CITY-ST-ZIP	<u></u>		6.4 CITY-ST-ZIP	_]
14 I borobu	andifuthat the information appealed	with this filing door not qualify:	for the evention sta	ated in Section 118 07/3Vi). Florida Statutes, I further certifu that the information

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0/(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 eath; 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 (Xeylord Melson LENFORD NELSON 2-12-98-305-655-3105