FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCU 1. Corporatio	MENT # P9200) D0005688 (6	3)		
	GOLDEN HAMMERS, CORF	•	•	1 10 E 11 A G 1 11 A G 1 G 1 G 1 G 1 G 1 G 1 G	ili Bālif Āālif Bālā) ārijā Brija 1818.
Principal Place	of Decision				
гинстраг Ргасе	e of Business	Mailing Address		, sentran its init 1911 48111 881	re diferen marek dankan dentiñ antau editar edit (01)
9190 NW 1 Medley Fl Us		9190 NW 100ST Medley FL 33178 US			
				3. Date Incorporated or Qualified	3a. Date of Last Report
	lace of Business	2a. Mailing Address		11/16/1992 4. FEI Number	04/24/1995 Applied For
21 4796		26 4796 5	<u>w 7</u> 5 ave	65-0369547	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	M1 41.	City & State 28 Miami	Ŧ1.	Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 3315	Country 25 U S	29 33 155	Country 30 US	8. This corporation has liability for in Florida Statutes Yes	
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New R	egistered Agent
			81 Name		
	INDEZ, ANGEL R		82 Street Addre	ess (P.O. Box Number is Not Acceptab	le)
	S.W. 41ST STREET		83		
MIAMI	FL 33165		63		
			84 City		85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named coroora	ation submits this statement for the pur	
or register familiar wit	ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such change was authorize ion 607,0505. Florida Statutes	ed by the corporation's board	ation submits this statement for the purp d of directors. I hereby accept the appo	intment as registered agent. I am
SIGNATURE.	0.13/	To the state of th			Wholes.
	Signature Mued or printer name of registered agent		E: Registered Agent signature required	where reinstating)	07/23/96 ·
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE NAME	PSTD	☐ DELETE	1, 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	HERNANDEZ, ANGEL R		1.2 NAME		
CITY-ST-ZIP	100050 S.W. 41ST ST. MIAMI FL 33165		1.3 STREET ADDRESS		
TITLE	V	[] DELETE	1.4 City-St-ZiP 2.1 Title	· · · · · · · · · · · · · · · · · · ·	Chron C Addition
NAME	HERNANDEZ, ANGEL R		2 2 NAME		Change Addition
STREET ADDRESS	100050 S.W. 41ST ST.		2.3 STREET ADDRESS		
CITY-S1-ZIP	MIAMI FL 33165		2.4 CiTY - ST - ZiP		
TITLE		☐ DELETE	3. 1 TITLE		☐ Change ☐ Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
CITY - ST - ZIP			3 4 CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME Street Address			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		[] DELETE	4.4 CITY-ST-ZIP 5 1 TITLE		Change Address
NAME		···	52 NAME		☐ Change ☐ Addition
STREET ADDRESS			5 3 STREET 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		
ITY-ST-ZIP	condity that the interior	28 11 2 60	6.4 CITY-ST-ZIP		
oath; that I	r certily that the information supplied withe information indicated on this annular an an officer or director of the corpoi Block 12 or Block 13 if changed, or o	ration or the receiver or trusted	empowered to execute this	the exemption stated in Section 119.0 and that my signature shall have the s report as required by Chapter 607, Flor	7(3)(k), Florida Statutes. I further ame legal effect as if made under ida Statutes; and that my name

SIGNATURE:

(305) 264-5060