

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90036 041 ***150.00

DOCUMENT # P92000015118

1. Corporation Name
GOLDEN ACCOUNTING AND COMPUTER SERVICES, INC.



Principal Place of Business
9451 SW 164 CT
APT C204
MIAMI FL 33196
US

Mailing Address
9451 SW 164 CT
MIAMI FL 33196
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/30/1992	
4. FEI Number 65-0395394	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	29

9. Name and Address of Current Registered Agent

CENTENO, JUAN M
11217 SW 88 ST
APT C204
MIAMI FL 33176

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 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

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CENTENO, JUAN M	1.2 NAME	
STREET ADDRESS	9451 SW 164 CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33196	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CENTENO, MARTHA A	2.2 NAME	
STREET ADDRESS	9451 SW 164 CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33196	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CENTENO, MANUEL A	3.2 NAME	
STREET ADDRESS	9451 SW 164 CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33196	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CENTENO, JUSTINO A	4.2 NAME	
STREET ADDRESS	9451 SW 164 CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33196	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLANOS, LIZETTE A	5.2 NAME	
STREET ADDRESS	9451 SW 164 CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33196	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CENTENO, MAURICIO A	6.2 NAME	
STREET ADDRESS	9451 SW 164 CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33196	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 607, 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:

SIGNATURE MAURICIO Centeno 2/1/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

(305) 387-8033

CR2E034 (11/98)

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