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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P93000018991 (8)

GOLDEN INN, INC.

## **FILED** Mar 05 1998 8:00am Secretary of State

Principal Place of Business Malling Address									
13001 NW 7TH AVE 13001 NW 7TH AVE									
NORTH MIAMI FL 33168 NORTH MIAMI FL 331								DO NOT WRITE IN THIS SPACE	
								3. Date Incorporated or Qualified	_
								03/12/1993	
2. Principal P	lace of Busin	9SS	2a. Mailin	2a. Mailing Address				4. FEI Number Applied For	Ⅎ
21			26					65-0395632 Not Applicable	e
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired  \$8.75 Additional	ヿ
22			27					Fee Required	
City & Stat	:0		City & State					6. Election Campaign Financing \$5.00 May Be	
Zip Country			Zip Country			ntn.		Trust Fund Contribution Added to Fees	4
	<u> </u>	Country 25	29 30			ii iir y		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes X No	- 1
24 25 29 29 . Name and Address of Current Registered Agent					[30]	10. Name and Address of New Registered Agent			ᅱ
LAOS, ISABEL						B1	Name		٦
1251 NE 144TH ST						82	Ctunes Add	Iron (D.O. Boy Number in Net Assessable)	4
N MIAMI FL 33161						62	Street Aggr	dress (P.O. Box Number is Not Acceptable)	1
						83			٦
					ŀ	84	City	<b>85</b> Zip Code	$\dashv$
							City	FL   S   Z   D COGE	
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was author agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida 5</li> </ol>						yd b	the corporat	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered	٦
SIGNATURE	PII I <b>a</b> IIIIIIai <b>Y</b>	n, and accept the oblig	jations of, decilo	11 607.0303, 11	Orida Stati	uics.			-
SIGNATURE	Signature, typed	x printed name of registered as	jent and title if applicat	ole. (NO	TE: Registered	l Agen	it signature requi	red when reinstating) DATE	
12.	-	OFFICERS AN	ND DIRECTORS		13.		,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	Ц
TITLE	DPS	1.1 mm		☐ DELETE	1.1 TI		į	Change ( Addition	۱ [
NAME LAOS, ISABEL				1.2 NAME					-
STREET ADDRESS 1251 NE 144TH ST CITY-ST-ZIP NORTH MIAMI FL							ADDRESS		
CITY-ST-ZIP TITLE	DV	MIAMI FL				IY-ST	- ZIP	Change Addition	
NAME	LAOS, D	AVID		DEEE IE	2.1 TIT 2.2 NA			Cyange C yours	1
STREET ADDRESS		144TH ST					ADDRESS		1
CITY-ST-ZIP NORTH MIAMI FL 33161			2.40						
TITLE			DELETE 3.1 T					Change Addition	1
NAME	LAOS, J	OSE			3.2 NA			_ <del>_</del>	
STREET ADDRESS 1251 NE 144TH ST				3.3 STREET AD		ADDRESS		Ì	
CITY-ST-ZIP NORTH MIAMI FL 33161				3.4. CITY-5			r-ziP		
TITLE				DELETE	4.1 TIT	LE		Change Addition	ī
NAME					4. 2 N/	AME	-		ı
STREET ADDRESS					4.3 STREET ADDRESS		id <b>or</b> ess		Ţ
City-st-zip				4.4 CHTY - ST - ZIP		-ZIP		┙	
TITLE				DELETE	5.1 TIT			Change Addition	i I
NAME					5.2 NA				
STREET ADDRESS							DDRESS		ļ
CITY-ST-ZIP	·			DELETE	5.4 CIT		- ZIP	☐ Change ☐ Addition	$\vdash$
TITLE				DELETE	6.1 TIT			Li Change Li Addition	'
NAME OTOTOT ADORGO					6.2 NA		000000		
STREET ADDRESS						6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			ļ
CITY-ST-ZIP		<del> </del>			6.4 CIT	Y-ST-	- ZIP		4

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.

SIGNATURE:

ISABEL LAOS

2/14/98 /305/681-9378