

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000033413 (4)

1. Corporation Name

GOLDEN LAND, INC.



Principal Place of Business

8420 NW 160TH STREET
OKEECHOBEE FL 34972
US

Mailing Address

8420 N.W. 160TH ST.
OKEECHOBEE FL 34972
US

3. Date Incorporated or Qualified
05/10/1993

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 8420 Nw 160 St
Suite, Apt. #, etc.

26 8420 Nw 160 th St.
Suite, Apt. #, etc.

4. FEI Number
65-0409627

Applied For
Not Applicable

22 City & State

27 City & State

23 Okeechobee, Florida

28 Okeechobee, Florida

24 34972 25 U.S.

29 34972 30 U.S.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☒ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAITAN, JUAN P
8420 N.W. 160TH STREET
OKEECHOBEE FL 34972

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 ☐ DELETE
NAME TRUJILLO, JUAN JOSE
STREET ADDRESS 12300 HWY 70 WEST
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE VD ☐ DELETE
NAME DE PALACIO, ROCIO CALLE
STREET ADDRESS 12300 HWY 70 WEST
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE STD ☐ DELETE
NAME GAITAN, JAUN P
STREET ADDRESS 8420 N.W. 160TH STREET
CITY-ST-ZIP OKEECHOBEE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1 1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2 1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3 1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4 1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6 1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/96 (941) 467 4883

CR2E034 (12/95)