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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000052831 (3)

GOLDEN	I TREASURES, INC.						
Principal Place	e of Businoss	Mailing Address			{		
432 POINSETTA AVE CLEARWATER FL 34830 CLEARWATER FL 34630-20							
					Date Incorporated or Qualified 07/22/1993	3a. Date of Last R 05/01/1996	leport
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		pplied For
1		26			59-3190761		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Certificate of Status Desired	□ \$8.75	Additional
2		27			6. Certificate of Status Desired	Fee Re	equired
City & State	0	City & State			6. Election Campaign Financing		May Be
3 Zin	Covoley	28	T - Cour		Trust Fund Contribution		to Fees
Zip 4	Country	Zip	Coun	ıry	8. This corporation has liability for	rintangible tax under s ☐ Yes ☐ No	. 199.032,
<u>4</u>]	25 g. Name and Address of Current	29 Registered Agent	30	···	florida Statutes 10. Name and Address of New R		
YOU	NG, OI TAI		···	31 Name			
492	POINSETTIA AVE		Ļ.	561-65	(0.0 b) (1.1 c)		
	ARWATER BEACH FL 34630		1	Street Add	ress (P.O. Box Number is Not Accepta	DIOJ	
755			Ī	33			
				B4 City	<u> </u>	last 7im	Co. 4.:
				' '		FL I''I '	Code
SIGNATURE	Signature, typed or printed name of registered agent	and little if applicable (N	OIL Hegistered	by the corporates. Agent signature requi	***************************************	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI		
TITLE	D Chan, hok wan	☐ DELETE	1.1 701			L Change	L_I Addition
NAME Street address	432 POINSETTIA AVE		1.2 NAN				
CITY-ST-ZIP	CLEARWATER BEACH FL 34630)		FET ADDRESS r-S1-ZIP			
TITLE	D	DELETE	2 1 TITL			Change	Addition
NAME	YOUNG, OI TAI	_	2 2 NAN				
STREET ADDRESS	432 POINSETTIA AVE			EET ADDRESS			
CITY-ST-ZIP	CLEARWATER BEACH FL 34630)	•	Y-SI-2(P			
TITLE		DELETE	3 1 TITL	E		☐ Change	Addition
NAME			3.2 NAA	16			
STREET ADDRESS			3.3 STR	EE1 ADORESS			
CITY-ST-ZIP		······································	3.4. CIT	Y - S1 - ZIP			
TITLE		DELETE	4.1 11]1			☐ Change	Addition
NAME			4. 2 NAI				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP		Librita		r - ST - ZIP	· · · · · · · · · · · · · · · · · · ·	D Abarra	Aganta
TITLE		L_) DELETE	5.1 TITL			Change	☐ Addition
NAME Street address			5.2 NAN				
				EFT ADDRESS			
CITY-ST-ZIP TITLE		DELETE	6.1 THL	r - \$1 - ZIP		Change	Addition
NAME			6.2 NAM				em riodition
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				'-ST-ZIP			
14. I do hereb			alify for the e	xemption stated	d in Section 119.07(3)(i), Florida Statute		
I am an of		he receiver or trustee empo	owered to ex		I my signaturo shall have the same leg rt as required by Chapter 607, Florida		