

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000053111 (9)

1. Corporation Name

HAPPY GOLD, INC.

Principal Place of Business

2421 W 52ND AVE
HIALEAH FL 33018

Mailing Address

2421 W 52ND AVE
HIALEAH FL 33018

FILED

95 JUL 17 AM 11:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/29/1993

3a. Date of Last Report

03/01/1994

4. FEI Number

65-0458154 65-0458154

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

6. The corporation has liability for interjurisdictional tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 18200 NW 27 Ave

2a. Mailing Address

26 2421 W 52nd Pl.

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27 Hialeah Fl. 33016

City & State

23 Miami Florida

City & State

28 Hialeah Fl.

Zip

24 33054

Country

Zip

29 33016

Country

30

9. Name and Address of Current Registered Agent

GONZALEZ, MARILYN
2421 W 52ND AVE
HIALEAH FL 33018

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 (optional)

(NOTE: Registered Agent signature required when nominating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	GONZALEZ, FRANCISCO
STREET ADDRESS	2421 W 52ND AVE
CITY, ST, ZIP	HIALEAH FL 33018
TITLE	DVS
NAME	GONZALEZ, MARILYN
STREET ADDRESS	2421 W 52ND AVE
CITY, ST, ZIP	HIALEAH FL 33018
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(b), Florida Statutes. I further certify that the information indicated in 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 named, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

7/1/95

(Signature/Name)