

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # P93000084162 (5)**

1. Corporation Name

**GOLDEN MORTGAGE SERVICES, INC.**

Principal Place of Business

Mailing Address

**8010 SW 137TH AVE  
SUITE 239  
MIAMI FL 33186**

**9010 SW 137TH AVE  
SUITE 239  
MIAMI FL 33186**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/09/1993**

3a. Date of Last Report

**04/10/1996**

4. FEI Number

**65-0470086**

Applied For

Not Applicable

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

**21 9000 SW 137th Ave**

2a. Mailing Address

**26 9000 SW 137th Ave**

Suite, Apt. #, etc.

**22 Suite 212**

Suite, Apt. #, etc.

**27 Suite 212**

City & State

**23 Miami, FL**

City & State

**28 Miami, FL**

Zip

**24 33186**

Country

**25 U.S.A.**

Zip

**29 33186**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**SOLIS, MARIA  
14715 SW 112TH TER  
MIAMI FL 33196**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**800002298678-2**

83

**-09/19/97-01115-017**

84 City

**\*\*\*165.00 FL \*\*\*165.00**

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

TITLE ☐ DELETE

**D  
NAME SOLIS, MARIA  
STREET ADDRESS 14715 SW 112TH TER  
CITY-ST-ZIP MIAMI FL 33196**

TITLE ☐ DELETE

**D  
NAME BRAVO, SYLVIA  
STREET ADDRESS 13516 SW 9TH LN  
CITY-ST-ZIP MIAMI FL**

TITLE ☐ DELETE

**D  
NAME ARTIGAS, DONNA  
STREET ADDRESS 14730 SW 113TH LN  
CITY-ST-ZIP MIAMI FL 33196**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**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 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

SIGNATURE REQUIRED

FILED

97 SEP 17 AM 10:21



CR2E034 (4/97)



PLEASE NOTE NEW ADDRESS:  
9000 S.W. 137TH AVE. #212  
MIAMI, FL 33186

*Golden Mortgage Services, Inc*

9010 S.W. 137th Ave. Suite # 239  
Miami, Florida 33186  
(305) 380-8566  
(305) 380-8985 Fax

SEPTEMBER 15, 1997

Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

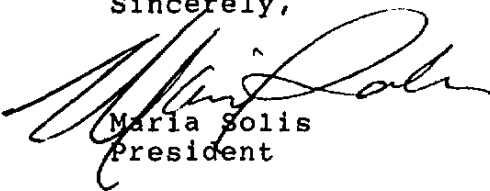
TO WHOM IT MAY CONCERN:

The enclosed is the first notice our office has received.

I am sending a check for \$165.00 per instructions from your office today. Please advise if this is all that is necessary to complete the filing of our corporation for 1997.

Thank you for your attention to this matter.

Sincerely,

  
Maria Solis  
President