

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00/165.00

APPROVED
AND
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97 MAR 24 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000022395 (5)

1. Corporation Name

THE GOLDEN AGES HOME FOR THE ELDERLY, INC.

Principal Place of Business

5832 WEST 16TH LANE
HIALEAH FL 33012

Mailing Address

5832 WEST 16TH LANE
HIALEAH FL 33012

2. Principal Place of Business

21 6393 JACK RABBIT LANE
Suite, Apt. #, etc.

22 City & State
MIAMI, FL

23 Zip Country
33014 USA

2a. Mailing Address

26 6393 JACK RABBIT LANE
Suite, Apt. #, etc.

27 City & State
MIAMI, FL

28 Zip Country
33014 USA

9. Name and Address of Current Registered Agent

RODRIGUEZ, FARA M AYDA
5832 WEST 16TH LANE
HIALEAH FL 33012

3. Date Incorporated or Qualified

03/23/1994

3a. Date of Last Report

05/20/1995 07/20/96

4. FEI Number

65-0476047

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

10. Name and Address of New Registered Agent

81 Name

SUSANA M. GONZALEZ

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

6393 JACK RABBIT LANE

83

84 City

MIAMI

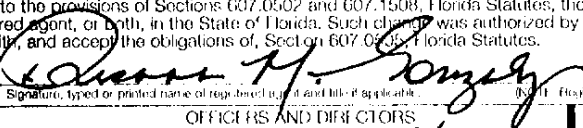
FL

85 Zip Code

33014

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 filer if applicable

DATE

03/16/97

12. OFFICERS AND DIRECTORS

TITLE

NAME PD
RODRIGUEZ, FARA M
STREET ADDRESS 5832 WEST 16TH LANE
CITY-ST-ZIP HIALEAH FL 33012

TITLE

NAME STD
GONZALEZ, SUSANA
STREET ADDRESS 30 E. 39TH ST. APT. 309
CITY-ST-ZIP HIALEAH FL 33013

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

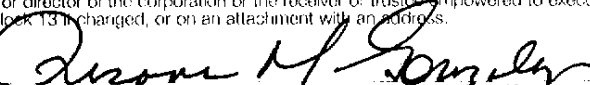
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-03/27/97-01059-002
****165.00 ****165.00

B. Alan

3-24-97

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

03/16/97

(205) 591-5503

CR2E034 (12/95)