ILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR 30 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000001448570
-04/06/95--01006--007
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P94000036874 (3)**

1. Corporation Name
GOLDEN GATE FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
12610 SW 25 TERRACE MIAMI FL 33175	12610 SW 25 TERRACE MIAMI FL 33175

3. Date Incorporated or Qualified: **05/16/1994**
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3900 NW 79 AV	26 3900 NW 79 AV
Suite, Apt. #, etc. 22 SUITE 427	Suite, Apt. #, etc. 27 SUITE 427
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33166	Country 25
Zip 29 33166	Country 30

4. FEI Number: 65-049 2212 — ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VEGA, ROSA L 12610 SW 25 TERRACE MIAMI FL 33175	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	VEGA, ROSA L	12 NAME	
STREET ADDRESS	12610 SW 25 TERRACE	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33175	14 CITY ST ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	VEGA, ANGEL A	22 NAME	
STREET ADDRESS	12610 SW 25 TERRACE	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33175	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☑ Addition
NAME		32 NAME	VP-D MARYLIN BANS
STREET ADDRESS		33 STREET ADDRESS	3001 S.W. 1 AVE #305
CITY ST ZIP		34 CITY ST ZIP	MIAMI, FL 33129
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	TIS. 3/30/95
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

RECEIVED
FEB 27 1995

14. I/We 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)(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 11 or 12, if changed, or on an attachment with an address.

ATSCIRS#5215

SIGNATURE: _____ ANGEL VEGA TREAS. 2/10/95 (305)477-1832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0100073 CP