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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-St-7P

SIGNATURE:



ELORIDA DEPARTMENT DE STATE

FILED

May 07 1997 8:00am

Secretary of State

CR2E034

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000036874 (3)

GOLDEN GATE FINANCIAL SERVICES, INC.

Principal Place of Business Mailing Address 3900 NW 79 AVE. 3900 NW 79 AVE. STE. 427 STE. 427 MIAMI FL 33166 MIAMI FL 33166-6548 3. Date Incorporated or Qualified 3a. Date of Last Report 05/16/1994 08/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0492212 Not Applicable 21 26 Suite Apt #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country Country Ζıp Zip This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name vega, rosa l 12610 SW 25 TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33175** 83 84 Zip Code City 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 pureful name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. PD DELETE Change Addition 1.1 TITLE TiTLE VEGA. ROSA L 1.2 NAME NAME 12610 SW 25 TERRACE 1.3 STREET ADDRESS STREET ADORESS **MIAMI FL 33175** 1.4 CITY-ST-ZIP CHY ST-ZIP DELETE 2.1 TITLE Change Addition TITLE VEGA, ANGEL A 2.2 NAME NAME 12610 SW 25 TERRACE 2.3 STREET ADDRESS STREET ADDRESS MIAM! FL City - St - ZiP 2.4 CITY-ST-ZIP DELETE Change 3 1 TITLE Addition THEF 32 NAME NAME **33 STREET ADDRESS** STHEET ADDRESS 3.4. CITY - ST - ZIP City-\$1-7-2 DELETE Change Addition THILE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 CITY-ST-ZIP ___ Addition DELETE 5.1 TITLE THE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-ST-7IP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE 31115 NAME 6.2 NAME **63 STREET ADDRESS** STREET ADDRESS

64 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 12 or Block 12 or on an attachment with an address.