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FILED
May 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000042615 (2)

1. Corporation Name

GOLDEN GLADES MANAGEMENT CORPORATION



Principal Place of Business

Mailing Address

16500 NW 2 AVENUE
MIAMI FL 33169

16500 NW 2 AVENUE
MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 16450 NW 2nd Ave

Suite, Apt. #, etc.

22

City & State

23 Miami FL

Zip

24 33169

Country

25 U.S.A.

2a. Mailing Address

26 16450 NW 2nd Ave

Suite, Apt. #, etc.

27

City & State

28 Miami FL

Zip

29 33169

Country

30 U.S.A.

3. Date Incorporated or Qualified

06/03/1994

4. FEI Number

65-0497134

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

9. Name and Address of Current Registered Agent

GOLDGLANZ, ANTHONY
16500 NW 2 AVENUE
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name

BEN COHEN

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

16450 NW 2nd Ave

83

84 City

Miami

FL

85 Zip Code

33169

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]

(NOTE: Registered Agent signature required when reinstating)

5/15/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ☒ COHEN, BENJAMIN
STREET ADDRESS 16500 NW 2 AVENUE
CITY-ST-ZIP MIAMI FL 33169

TITLE ☐ DELETE

NAME ☒ SOLEIMANI, JOSEPH
STREET ADDRESS 16500 NW 2 AVENUE
CITY-ST-ZIP MIAMI FL 33169

TITLE ☐ DELETE

NAME ☒ ANAVIM, TAHER
STREET ADDRESS 16500 NW 2 AVENUE
CITY-ST-ZIP MIAMI FL

TITLE ☒ DELETE

NAME ☒ COHEN, SYDNEY
STREET ADDRESS 16500 N.W. 2 AVE
CITY-ST-ZIP MIAMI FL

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 ☒ COHEN, BENJAMIN
1.3 STREET ADDRESS 16450 NW 2nd Ave
1.4 CITY-ST-ZIP Miami FL 33169

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME ☒ Soleimani, Joseph
2.3 STREET ADDRESS 16450 NW 2nd Ave
2.4 CITY-ST-ZIP Miami FL 33169

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME ☒ Anavim, Taher
3.3 STREET ADDRESS 16450 NW 2nd Ave
3.4 CITY-ST-ZIP Miami FL 33169

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 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] BENJAMIN COHEN 5/15/98 3059481133

CR2E034 (10/97)