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

PROFIT CORPORATION ANNUAL REPORT

1998

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NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP



FI ORIDA DEPARTMENT OF STATE

FILED

May 18 1998 8:00am

Secretary of State

' Sandra B' Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000078822 (1)

GOLDEN CLEANING AND MAINTENANCE SERVICES, INC.

Principal Place of Business Mailing Address 2565 NE 201 ST P O BOX 61-1501 N MIAMI BOH FL 33180 N MIAMI FL 33261 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/24/1994 2. Principal Place of Business 4. FEI Number 2a. Mailing Add Applied For 65-0529550 21 Not Applicable Sulte, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Country 8. This corporation owes or has paid the current year Intangible 4 25 Brown (129 Name and Address of Current Registered Agent Personal Property 1ax due June 30. ☐ Yes 30 10. Name and Address of New Registered Agent 81 SELTZER, ANA MARIA 8120 GENEVA CT. 82 Street Address (P.O. Box Number is Not Acceptable) **UNIT D-150** 83 MIAMI FL 33166 City Zip Code 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08. 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pended name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE TITLE SELTZER, ANA MARIA NAME 1.2 NAME Directo TO BOX 61-1501 STREET ADDRESS 1.3 STREET ADDRESS N MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - 7IP DELETE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-S1-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELFTE Change Addition 4.1 TITLE TITLE 4. 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP DELETE Chance Addition 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition

6.2 NAME

14. Theroby 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, ye on an attractment who an address

6.3 STREET ADDRESS

5-5-95