FILE 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:57

DOCUMENT # **P94000084284 (6)**

1. Corporation Name
GOLDEN MOON IMPORTERS, INC.

Principal Place of Business	Mailing Address
6215 KENDALE LAKES CIR SUITE E 172 MIAMI FL 33183	6215 KENDALE LAKES CIR SUITE E 172 MIAMI FL 33183

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/17/1994
3a. Date of Last Report:

2. Principal Place of Business 21 7311 N.W. 12th ST	2a. Mailing Address 26 Same	4. FEI Number 65-0537378	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 #12	Suite, Apt. #, etc. 27 Same	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Miami	City & State 28 Same	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / County 24 33126 25 DADE	Zip / County 29 — 30 —	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

FRANCIS, PERCIVAL
6215 KENDALE LAKES CIR SUITE E 172
MIAMI FL 33183

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	FRANCIS, PERCIVAL	12 NAME	
STREET ADDRESS	6215 KENDALE LAKES CIR SUITE E 172	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	DAS, KESHAV	22 NAME	
STREET ADDRESS	6215 KENDALE LAKES CIR SUITE E 172	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	GUPTA, PARVEEN K	32 NAME	
STREET ADDRESS	6215 KENDALE LAKES CIR SUITE E 172	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183	34 CITY ST ZIP	
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	
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	

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)(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] 4/10/95 305 594-2103
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

020033 CP