

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000013706

1. Corporation Name

GOLDEN TOUCH ENTERPRISES CORP.

Principal Place of Business

12690 NW. 102ND PLACE
HIALEAH FL 33018

Mailing Address

12690 NW. 102ND PLACE
HIALEAH FL 33018

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90032 034 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1996

4. FEI Number

65-0645809

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 the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

DIAZ-VINETA, ELENA C
12690 NW. 102ND PLACE
HIALEAH FL 33016

10. Name and Address of New Registered Agent

81 Name

Eduardo J. Vineta

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

2495 W. 80 St.

83

Bay # 4

84 City

Hialeah

FL

85 Zip Code

33016

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. 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 a registered agent under Section 607.0505, Florida Statutes.

SIGNATURE

Signature

Printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/1/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DIAZ-VINETA, ELENA C	
STREET ADDRESS	12690 NW. 102ND PLACE	
CITY-ST-ZIP	HIALEAH FL 33018	
TITLE	VPST	<input type="checkbox"/> DELETE
NAME	VINETA, EDUARDO J	
STREET ADDRESS	12690 NW. 102ND PLACE	
CITY-ST-ZIP	HIALEAH FL 33018	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD, V.PST
2.3 STREET ADDRESS	Vineta, Eduardo J.
2.4 CITY-ST-ZIP	2495 W. 80 St. #4
	Hialeah, FL 33016
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/99

DATE

305-827-3900

Daytime Phone #

EXT 101

CR2E034 (11/98)