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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000018946 (9)

**GOLDEN WAY INTERNATIONAL CORP.** 

**FILED** Apr 11 1997 8:00am Secretary of State



| Principal Place                | e of Business                             | Mailing Address  |                 |                 |  |                                  | ,                                       | • |
|--------------------------------|---|--|-----------------|-----------------|--|----------------------------------|---|---|
| 15969 SW 95TH<br>MIAMI FL 3315 | H AVENUE NO. B-4<br>7                     | 15959 SW 95TH AVENUE NO.<br>MIAMI FL 33157-1881  | . <del>84</del> |                 |  |                                  |   |   |
|                                |   |  |                 |                 | 3. Date Incorporated or Qualified 02/29/1996   | 3a. Date o                       | f Last F                                | leport                                  |
| 2. Principal Pe                | ace of Business                           | 2a. Mailing Address  |                 |                 | 4. FEI Number  |                                  | A A                                     | oplied For                              |
| 1980                           | 0 SW 103 CT                               | 26 19800 SW 1  | 03 C            | T               | 65-0645488   |                                  | *************************************** | ot Applicable                           |
| Suite, Apt.                    | #, elc                                    | Suite, Apt. #, etc.  |                 |                 | 5. Certificate of Status Desired   | TA \$                            | 8.75                                    | Additional                              |
| 22 104                         |   | 27 104   |                 |                 | 6. Certificate of Status Desired   |                                  | Fee Re                                  | equired                                 |
| City & State                   | e   | City & State   |                 |                 | 6. Election Campaign Financing   |                                  | \$5.00                                  | May Be                                  |
| 23 MIAM                        | I FL                                      | 28 MIAMI FL  |                 |                 | Trust Fund Contribution  |                                  | Added                                   | to Fees                                 |
| Ζφ                             | Country                                   | Zip  | Country         |                 | 8. This corporation has liability for  | intangible tax                   |   | i. 1 <b>9</b> 9.032,                    |
| 24 3315                        |   | 29 33157 30  | Ц               |                 |  | Yes N                            |   |   |
|                                |   | of Current Registered Agent  | 81              | Name            | 10, Name and Address of New Re   | gisterea Age                     | 11                                      |   |
|                                | IRIA, EDUARDO                             | 0.04   | ]"]             |                 | JBIRIA, EDUARDO  | ·                                |   |   |
| ,                              | 59 SW 95TH AVENUE N                       | U. B-4   | 82              | Street A        | ddress (P.O. Box Number is Not Acceptat  | ole)                             |   |   |
| MIAI                           | MI FL 33157                               |  | 83              | 19              | 9800 SW 103 CT   | ·                                |   |   |
|                                |   |  | 83              | Al              | PT 104   |                                  |   |   |
|                                |   |  | 84              |                 |  | <b></b> , 8                      | 5 Zip                                   | Code                                    |
|                                |   |  |                 |                 | IAMI   | <u> </u>                         |   | 3157                                    |
| office ocn                     | onistered agent⊀or both lin               | s 607 0502 and 607.1508, Florida Statutes,<br>The State of Florida. Such change was auth | horized by      | the coroc       | orporation submits this statement for the paration's board of directors. I hereby acce | ourpose of cha<br>of the appoint | inging i<br>nent <b>a</b> s             | ts registered<br>registered             |
| agent. La                      | m familjar with, and accept               | the obligations of Section 607.0505, Florid  | ia Statutes     | S.,             | ,  | 1,11                             | 10:                                     | 7                                       |
| SIGNATURE                      | Care Ce                                   | CTEDUARDOZUNIRIA, VAC  | # di 13         | UT              |  | 4/9                              | /7/                                     |   |
|                                | Signature, typical or profited happe of r | egistered agent and the it applicable INO1E: Bo  | egistered Age   | nt signature re | equired when reinstating)  | DATÉ /                           | SCOTO!                                  | 20 11 10                                |
| 12.                            |   | CERS AND DIRECTORS  DELETE   | 13.             | T               | ADDITIONS/CHANGES TO OFFI  |                                  | Change                                  | Addition                                |
| Titel                          | PSD FOLLOO                                | □ Derese   | 1.1 TITLE       |                 | PSD  | با                               | Change                                  | L Auumon                                |
| NAME                           | ZUBIRIA, EDUARDO                          | SHIP NO D 4  | 1,2 NAME        | - 1             | ZUBIRIA, EDUARDO<br>19800 SW 103 CT AP   |                                  |   |   |
| STREET ADDRESS                 | 15959 SW 95TH AVEN                        | NUE NO. D-4  | 1,3 STREET      | ADDRESS         | 19800 SW 103 CT AP   | T 104                            |   |   |
| Crity - ST - ZIP               | MIAMI FL 33157                            | Flottere   | 1.4 CITY - S    | T-ZIP           | MIAMI FL 33157   |                                  | 01                                      | [ ] 4 J. J. C                           |
| TIILÉ                          |   | DELETE   | 2.1 TITLE       | - 1             |  | u                                | Change                                  | Addition                                |
| NAM's                          |   |  | 2.2 NAME        |                 |  |                                  |   |   |
| STREET ADDRESS                 |   |  | 23 STREET       | ADDRESS         | 4  |                                  |   |   |
| CHY-SI-73                      |   |  | 2.4 CITY-5      | Y-ZIP           |  |                                  |   |   |
| 1-ILF                          |   | DELETE   | 3.1 TITLE       |                 |  | L                                | Change                                  | Addition                                |
| MAME                           |   | •  | 3.2 NAM€        |                 |  |                                  |   |   |
| STREET FADGRESS                |   |  | 3.3 STREET      | ADDRESS         |  |                                  |   |   |
| COTY ST- ZIP                   |   |  | 3.4. CITY-S     | iT-ZiP          |  |                                  | <u> </u>                                | 1 1 4 3 100                             |
| 1110F                          |   | DELETE   | 4.1 TITLE       |                 |  | IJ                               | Change                                  | Addition                                |
| NAME                           |   |  | 4, 2 NAME       |                 |  |                                  |   |   |
| STREET AUGHESS                 |   |  | 4.3 STREET      | ADDRESS         |  |                                  |   |   |
| CHIM-S1-76P                    |   |  | 44 CITY-S       | T-ZIP           |  |                                  |   |   |
| 111- F                         |   | DELETE   | 5.1 TITLE       | 1               |  | L                                | Change                                  | Addition                                |
| NAME:                          |   | j  | 5.2 NAME        | ĺ               |  |                                  |   |   |
| STREET ADDRESS                 |   |  | 53 STREET       | address         |  |                                  |   |   |
| CHY-SI-ZP                      |   |  | 54 CITY-S       | T-ZIP           |  |                                  |   |   |
| Titt                           |   | DELETE   | 6.1 TITLE       |                 |  |                                  | Change                                  | Addition                                |
| NAME                           |   |  | 6.2 NAME        | -               |  |                                  |   |   |
| STEEFT ADDRESS                 |   |  | 6.3 STREET      | ADDRESS         |  |                                  |   |   |
| ÇDir-ST-ZIP                    |   |  | 64 CITY-S       |                 |  |                                  |   |   |
|                                |   |  |                 |                 |  | - 11 -11                         | a (                                     |   |

I do hareby 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 efficient or doctor of the corporation or the receiver or trustee employeered 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 the an attachment with an address.

SIGNATURE: