Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90215 027 ***150.00 04-27-1999 90215 028 *****8.75

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 # P96000018946

1. Corporation Name

GOLDEN WAY INTERNATIONAL CORP.

Principal Place	e of Business	Mailing Addre	ess					DESIL DESIL BEILL BELL		BIBIO BIN 1881
19800 SW 103		.19800 SW 103								
104	``	APT. 104	,	•						
MIAMI FL 33157 MIAMI FL 33157							DO NOT WRITE IN THIS SPACE			
US		US					3. Date Incorporated or Qu	alifed		
							02/29/1996			
2. Principal Pl	lace of Business	2a. Mailing Ad	ddress				4. FEI Number			plied For
21		26					65-0645488			t Applicable
Suite, Apt.	#, etc.	Suite, Apt	t. #, etc.				5. Certificate of Status Desi	ired 1	\$8.75 A	
[22]		27					<u> </u>	· · ·	Fee Re	
City & State	e ·	City & Sta	ate			***	6. Election Campaign Final	ncing	\$5.00	
23		28[_				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	г	Count	try		8. This corporation owes th	e current year Ir		□No
24	25			30			Personal Property Tax.	Name Dawintowa		<u> </u>
	9. Name and Address of Curr	rent Registered Agei	<u>nt</u>		81	Name	10. Name and Address of	Mam Kadistalat	Agent	
71 10	IDIA EDITADDO			`	י י	inanie .	•			
ZUBIRIA, EDUARDO 19800 SW 103 CT				1	82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	. 104			1				<u> </u>		
				18	83					l
MIAI	MI FL 33157			1	84	City			85 Zip C	Code
					İ	•		FI	<u>- </u>	
11. Pursuant	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	502 and 607.1508, Fl	Torida Statutes	s, the abo	ove-r	named corpo	pration submits this statement f	or the purpose of accept the appro	f changing its intment as rec	registered distered
agent, I a	m familiar with, and accept the obli	igations of, Section 60	07.0505, Florid	da Statut	es.	c oorporano	no source or an odd or a r mores,	шосор, кто прр		3
SIGNATURE										
SIGNATURE	Signature, typed or printed name of registered a		(NOTE: F		igent si	ignature required	when reinstating)	DATE	ND DIDECTO	
12.	OFFICERS A	AND DIRECTORS		13.		ignature required	when reinstating) ADDITIONS/CHANGES T			
	PSD OFFICERS A	AND DIRECTORS	(NOTE: F	13.	E	ignature required			ND DIRECTO	RS IN 12
12.	PSD ZUBIRIA, EDUARDO	AND DIRECTORS		13. 1.1 TITL 1.2 NAM	E Æ					
12.	PSD ZUBIRIA, EDUARDO 19800 SW 103 CT APT 104	AND DIRECTORS		13. 1.1 TITL 1.2 NAM	E Æ	DDRESS				
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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 bastee 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 attraction with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZiP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR