

FILE NOW: FILING FEE AFTER MAY 1 IS \$55

FILED
May 21 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF REVENUE
Sandra B. Mo
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000033747 (2)

1. Corporation Name
THE GOLDEN CUP INC.



Principal Place of Business
650 86TH STREET
MIAMI BEACH FL 33141

Mailing Address
650 86TH STREET
MIAMI BEACH FL 33141-1114

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/17/1996	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0663368	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent LEON, FERNANDO L 650 86TH STREET MIAMI BEACH FL 33141				10. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abovementioned 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 _____
(NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEON, FERNANDO L	1.2 N	
STREET ADDRESS	650 86TH ST.	1.3 ST ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CST-ZIP	
TITLE	SVD	2.1 T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, CARLOS M	2.2 N	
STREET ADDRESS	1411 S.W. 18TH ST.	2.3 ST ADDRESS	650 86TH ST.
CITY-ST-ZIP	MIAMI FL	2.4 CST-ZIP	Miami Beach, FL.
TITLE		3.1 T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 N	
STREET ADDRESS		3.3 ST ADDRESS	
CITY-ST-ZIP		3.4 CST-ZIP	
TITLE		4.1 T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 N	
STREET ADDRESS		4.3 ST ADDRESS	
CITY-ST-ZIP		4.4 CST-ZIP	
TITLE		5.1 T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 N	
STREET ADDRESS		5.3 ST ADDRESS	
CITY-ST-ZIP		5.4 CST-ZIP	
TITLE		6.1 T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 N	
STREET ADDRESS		6.3 ST ADDRESS	
CITY-ST-ZIP		6.4 CST-ZIP	

14. I do 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.

SIGNATURE: FERNANDO L. LEON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-97 (305) 856-3451
Date Daytime Phone #