


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

FILED
Apr 15 1997 8:00am
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|---|---|---|---|
| DOCUMENT # P96000036370 1. Corporation Name GOLDEN PLATE, INC. | | | |
| Principal Place of Business 5200 Blue Lagoon Dr. Suite 700 Miami, Florida 33126 | | Mailing Address 5200 Blue Lagoon Dr. Suite 700 Miami, Florida 33126 | |
| 2. Principal Place of Business 21 407 Lincoln Road Suite, Apt. #, etc. 22 Suite 6G City & State 23 Miami Beach, FL Zip 24 33139 | 2a. Mailing Address 26 407 Lincoln Road Suite, Apt. #, etc. 27 Suite 6G City & State 28 Miami Beach, FL Zip 29 33139 | 3. Date Incorporated or Qualified 04/26/1996 | 3a. Date of Last Report |
| 9. Name and Address of Current Registered Agent MIAMI CORPORATE SYSTEMS, INC. 5200 Blue Lagoon Drive Suite 700 Miami, Florida 33126 | | 4. FEI Number 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 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. | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> DELETE CAROZZI, RICARDO 407 Lincoln Road, Suite 6G Miami Beach, FL 33139 | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CAROZZI, RICARDO E. 407 Lincoln Road, Suite 6G Miami Beach, FL 33139 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> DELETE CAROZZI, DANIELA S. 407 Lincoln Road, Suite 6G Miami Beach, FL 33139 | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | DVPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CAROZZI, DANIELA S. 407 Lincoln Road, Suite 6G Miami Beach, FL 33139 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CAROZZI, RICARDO D. 407 Lincoln Road, Suite 6G Miami Beach, FL 33139 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information included 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: Ricardo D. Carozzi, Director SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | |

CR2E034 (9/96)