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

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 19 1998 8:00am
Secretary of State

DOCUMENT # P96000056550

1. Corporation Name

GOLDEN FINANCIAL SERVICES OF FLORIDA, INC

Principal Place of Business	Mailing Address
110 MERRIDC WAY	110 MERRIDC WAY
SUITE 2B	SUITE 2B
CORAL GABLES FL 33131	CORAL GABLES 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

3. Date Incorporated or Qualified: 07/03/1996

4. FEI Number: 65-0703149 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30 ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

TRELLES, ALBRITO N.E.
999 PONCE DE LEON BLVD
SUITE 1150
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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.

SIGNATURE ______ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PVSD	☐ DELETE
NAME	HERRERA ALEJANDRO	
STREET ADDRESS	110 MERRIDC WAY SUITE 2B	
CITY-ST-ZIP	CORAL GABLES FL33131	
TITLE	TD	☐ DELETE
NAME	CAROLINA A HERRERA	
STREET ADDRESS	110 MERRIDC WAY SUITE 2 B	
CITY-ST-ZIP	CORAL GABLES FL 33131	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE	300002529263	☐ Change ☐ Addition
4 2 NAME	-05/19/98--01061--016	
4 3 STREET ADDRESS	***150.00	
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS	5/19	
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ 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.

SIGNATURE: ______ 04 28 98 305 361 2569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #