

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

FILED  
Mar 06, 1999 8:00 am  
Secretary of State

03-06-1999 90009 016 \*\*\*150.00

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1. Corporation Name  
GOLDEN DAYS ENTERPRISES, INC.

Principal Place of Business

171200 SW 92 AVE  
MIAMI FL 33157  
US

Mailing Address

17120 SW 92 AVE  
MIAMI FL 33157  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/09/1996

4. FEI Number

65-0687940

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 15701 S.W 104 AVE

Suite, Apt. #, etc.

22

City & State

23 Miami, FL

Zip

24 33157

Country

25 DADE

2a. Mailing Address

26 15701 S.W 104 AVE

Suite, Apt. #, etc.

27

City & State

28 Miami, FL

Zip

29 33157

Country

30 DADE

9. Name and Address of Current Registered Agent

BARROS, CLARA  
15482 SW 137TH PL.  
MIAMI FL 33177

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT ☐ DELETE  
NAME BARROS, CLARA  
STREET ADDRESS 15482 SW 137TH PL.  
CITY-ST-ZIP MIAMI FL 33177

TITLE DS ☐ DELETE  
NAME ZAPATA, ISABEL  
STREET ADDRESS 13052 SW 88TH TER. N.  
CITY-ST-ZIP MIAMI FL 33186

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 DPT ☒ Change ☐ Addition  
1.2 NAME CLARA BARROS  
1.3 STREET ADDRESS 15701 S.W 104 AVE  
1.4 CITY-ST-ZIP MIAMI FL 33157

2.1 TITLE DS ☒ Change ☐ Addition  
2.2 NAME ZAPATA ISABEL  
2.3 STREET ADDRESS 15701 S.W 104 AVE  
2.4 CITY-ST-ZIP MIAMI, FL 33157

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE: CLARA BARROS - PRESIDENT *Clara Barros* 2-16-99 (305) 252 4712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0231744