

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000094507 (6)**

1. Corporation Name
GOLDEN CLOUDS, INC.



Principal Place of Business 1172 S. DIXIE HWY., STE. 357 MIAMI FL 33146	Mailing Address 1172 S. DIXIE HWY., STE. 357 MIAMI FL 33146
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1172 S Dixie Hwy Suite, Apt. #, etc. ste 357 City & State Miami, FL Zip 33146 Country		2a. Mailing Address 1172 S Dixie Hwy Suite, Apt. #, etc. ste 357 City & State Miami, FL Zip 33146 Country		3. Date Incorporated or Qualified 11/19/1996		3a. Date of Last Report	
21. 1172 S Dixie Hwy		26. 1172 S Dixie Hwy		4. FEI Number 65-0709970		Applied For <input type="checkbox"/> Not Applicable	
22. ste 357		27. ste 357		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Miami, FL		28. Miami, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. 33146		29. 33146		30. 33146		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

URIBE, PATRICIA
1172 S. DIXIE HWY., STE. 357
MIAMI FL 33146

10. Name and Address of New Registered Agent

81. Name URIBE Patricia
82. Street Address (P.O. Box Number is Not Acceptable) 1172 S DIXIE HWY ste 357
83.
84. City Miami, FL
85. Zip Code 33146

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

8/18/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME URIBE, PATRICIA		1.2 NAME	
STREET ADDRESS 1172 S. DIXIE HWY., STE. 354		1.3 STREET ADDRESS 1172 S Dixie Hwy ste 357	
CITY-ST-ZIP MIAMI FL 33146		1.4 CITY-ST-ZIP MIAMI, FL 33146	
TITLE DS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ORTIZ, EDGAR		2.2 NAME	
STREET ADDRESS 1172 S. DIXIE HWY., STE. 354		2.3 STREET ADDRESS 1172 S Dixie Hwy ste 357	
CITY-ST-ZIP MIAMI FL 33146		2.4 CITY-ST-ZIP MIAMI, FL 33146	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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

[Signature]

8/18/97

CR2E034 (4/97)