## 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

## DOCUMENT # P96000097952

1. Corporation Name

GOLDEN BLOSSOM BONAVENTURE INC.

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90227 023 \*\*\*150.00

|--|--|--|

Principal Place	e of Business	Mailing Address				
2571 N HIATUS	RD	2571 N HIATUS RD				
COOPER CITY	FL 33026	COOPER CITY FL 33026		DO NOT WRITE IN TH	S SPACE	
				3. Date Incorporated or Qualifed	0 017102	
	•			11/26/1996		
2 Dánaisal D	lana of Dusiness	2a. Mailing Address		4. FEI Number	Ann	lied For
	lace of Business 42 Saddlectub Rd	In International Standard	Jub Ra	65-2849181		Applicable
21 00 2 Suite, Apt.		Suite, Apt. #, etc.	אם סטג		\$8.75 A	
22	#, etc	27	,	5. Certifcate of Status Desired	Fee Rec	
City & State	e	City & State		6. Election Campaign Financing	\$5.00 (	May Re
23 F+. I	Louderdale FL	28 下十.1 Quderac	218. FL	Trust Fund Contribution	Added to	
Zipaaa	Country		untry	8. This corporation owes the current year I	ntangible	
24 22	0d6 25 USA	29 77746 30	USA_	Personal Property Tax.		No
, , ,	9. Name and Address of Current F	Registered Agent		10. Name and Address of New Registere	d Agent	
10/44	IO MADIE		81 Name	ioie Wana		-
WANG, MARIE			82 Street Add	rese (P.Q. Box Number & Not Acceptable)		
1830 NW 107TH AVE			164	11.8M 121 CT	•	
PEM	BROKE PINES FL 33026		83			
			84 (fit)	1	85 Zip C	ode
			I I Pami	Droke Pines F		5021
11. Pursuant	to the provisions of Sections 607.0502 a	and 607.1508, Florida Statutes, the a	bove-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its r cintment as red	egistered istered
agent. I a	m familiar with, and accept the obligation	ns of, Section 607.0505, Florida Stat	utes.	one board of directions in the cap,	<b>-</b>	
SIGNATURE	·		d Agent signature require	ed when reinstating) DATE		
12.	Signature, typed or printed name of registered agent at OFFICERS AND		a Agent signature require	ADDITIONS/CHANGES TO OFFICERS	ND DIRECTO	RS IN 12
TITLE	P	DELETE 1.1 TI	TLE D		Change	☐ Addition
NAME	WANG, MARIE	1.2 N	11.	ania Mara		
STREET ADDRESS	1830 NW 107TH AVE		TREET ADDRESS	All SW 19st Ct.		
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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;

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR