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

FILED
Jun 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P97000074206

1. Corporation Name
THE GOLDEN BAY RESTAURANT, INC

Principal Place of Business
2890 SW 27 AVE
MIAMI FL 33133

Mailing Address
C/O S.G. GROUP
525 NW 27 AVE #204
MIAMI FL. 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 8/27/97

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 65-0777088 ☐ 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
MANUEL M. ARVESU, ESQ.
100 S.E. 2ND ST. SUITE 3700
MIAMI FL. 33131

10. Name and Address of New Registered Agent
81 Name: ALTAGRACIA GUZMAN
82 Street Address (P.O. Box Number is Not Acceptable): C/O S.G. GROUP
83: 525 NW 27 AVE. #204
84 City: MIAMI **FL** 85 Zip Code: 33125

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] ALTAGRACIA GUZMAN - R.A.-P. 4/13/98
(Signature, type or print name of person signing) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P.S.	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	ALTAGRACIA GUZMAN		1.2 NAME	ALTAGRACIA GUZMAN	
STREET ADDRESS	2890 SW. 27 AVE		1.3 STREET ADDRESS	2890 SW. 27 AVE	
CITY-ST-ZIP	MIAMI FL. 33133		1.4 CITY-ST-ZIP	MIAMI FL 33133	
TITLE	V	☐ DELETE	2.1 TITLE	T	☒ Change ☐ Addition
NAME	GREGORY ROJO		2.2 NAME	GREGORY ROJO	
STREET ADDRESS	2890 SW 27 AVE		2.3 STREET ADDRESS	2890 SW. 27 AVE	
CITY-ST-ZIP	MIAMI FL 33133		2.4 CITY-ST-ZIP	MIAMI FL. 33133	
TITLE	T	☒ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME	RAFAEL DUDAMEL		3.2 NAME	MELODY THEN	
STREET ADDRESS	2890 SW 27 AVE.		3.3 STREET ADDRESS	2890 SW 27 AVE	
CITY-ST-ZIP	MIAMI FL. 33133		3.4 CITY-ST-ZIP	MIAMI FL. 33133	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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 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 added above.

SIGNATURE: [signature] 4/13/98 (305) 443-7791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)