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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P97000098041 (1)

1. Corporation Name
Golden Gate Foundation, Inc.

Principal Place of Business	Mailing Address
7300 S.W. 167 Street Miami, FL 33157-3875	7300 S.W. 167 Street Miami, FL 33157-3875

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11-14-1997

2. Principal Place of Business 21 7300 S.W. 167 Street	2a. Mailing Address 26 7300 S.W. 167 Street	4. FEI Number 65-0818009 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
City & State 23 Miami FL	City & State 28 Miami FL	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip / Country 24 33157-3875 25 USA	Zip / Country 29 33157-3875 30 USA	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	10. Name and Address of New Registered Agent
Dowodu, Olusesi A 111 N.W. 183rd Street Suite 406 Miami, FL 33169	81 Name: DOMINIQUE M. LEROY 82 Street Address (P.O. Box Number is Not Acceptable): ALFRED I. DUPONT Bldg., Ste. 1428-29 83 84 City: Miami FL 85 Zip Code: 33131

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] Dominique M. LEROY 4/6/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☑ DELETE	11 TITLE	P ☑ Change ☑ Addition
NAME	Olusesi A. Dawodu	12 NAME	Moses Oluwole Fagbule
STREET ADDRESS	111 N.W. 183rd Street, Ste. #406	13 STREET ADDRESS	7300 S.W. 167 Street
CITY-ST-ZIP	Miami, FL 33169	14 CITY-ST-ZIP	Miami, FL 33157-3875
TITLE	☐ DELETE	21 TITLE	D ☑ Change ☑ Addition
NAME		22 NAME	Chief Daniel Edewor
STREET ADDRESS		23 STREET ADDRESS	7300 SW 167 Street
CITY-ST-ZIP		24 CITY-ST-ZIP	Miami, FL 33157-3875
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	000002483100
STREET ADDRESS		43 STREET ADDRESS	-04/08/98--01103--001
CITY-ST-ZIP		44 CITY-ST-ZIP	***150.00
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	-LS 4/8
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	000002483100
STREET ADDRESS		63 STREET ADDRESS	-04/08/98--01103--002
CITY-ST-ZIP		64 CITY-ST-ZIP	***8.75

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: [signature] Moses Oluwole Fagbule 4/6/98 (305) 252-5471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

CR2E034 (10/97)