

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

FILED  
Jul 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000102339 (3)**

1. Corporation Name

**GOLDEN EAGLE SPECIALTIES, INC.**

Principal Place of Business

**740 NW 33 STREET  
OAKLAND PARK FL 33309**

Mailing Address

**740 NW 33 STREET  
OAKLAND PARK FL 33309**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/04/1997**

4. FEI Number

**65-0788-195**

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

2. Principal Place of Business

**21 1643 N.E 14th Ave.**

Suite, Apt. #, etc.

City & State

**23 Ft. Lauderdale FL**

Zip

**24 33305**

Country

**25 USA**

2a. Mailing Address

**26 Same as above**

Suite, Apt. #, etc.

City & State

**28**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

**ZULGAGA, ALVARO  
2034 S OAKLAND PARK  
FORT LAUDERDALE FL 33306**

**HAIM LEVAV  
740 NW 33 St.  
Oakland Park, FL  
33309**

10. Name and Address of New Registered Agent

81 Name

**HAIM LEVAV**

82 Street Address (P.O. Box Number is Not Acceptable)

**83 740 NW 33 St.**

84 City

**Oakland Park**

85 Zip Code

**FL 33309**

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

**HAIM LEVAV**

(NOTE: Registered Agent signature required when reinstating)

**06/26/98**

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD LEVAV, HAIM**

STREET ADDRESS **740 NW 33 STREET**

CITY-ST-ZIP **OAKLAND PARK FL 33309**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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 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.

CR2E034 (10/97)