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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000065417

1, Corporation Name

GOLDENAGE LIGHTING, INC.

Principal Place of Business	Mailing Add
13265 S.W. 124TH ST.	13265 S.W. 1
LUARE TI MOLOC	BRIANN EL ON

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90050 030 ***158.75

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Principal Place	e of Business	Mailing Address			11001120				7,011 1881 1881
13265 S.W. 124	· · · · · · · · · · · · · · · · · · ·	13265 S.W. 124TH ST.							
MIAMI FL 33186	5	MIAMI FL 33186	MIAMI FL 33186		DO NOT WRITE IN THIS SPACE				
					3. Date Incorp	orated or Qualifed			
					07/23/19				
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Numbe			Ac	of lied For
21 ()	lo change)	26 CNOCh	anc.	<u>e)</u> _	52-211	<u> 3984 </u>	 -		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5 Certificate o	f Status Desired	X		A Iditional
22		27				_			ec _l uired —
City & State	e	City & State				mpaign Financing Contribution			f/lay Be tc Fees
Zip	Courtry	28 Zip	Col	intry		ation owes the curr	ent vear		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
24	25	29	30			operty Tax.	ent year	Mangible Æ Yes	l∃No
	9. Name and Address of Cur		1501			Address of New F	Registere	d Agent	
				81 Name	lacha	20			
	IAZ, NAFI			82 Street Acd	ress (P.O. Box Nur	nber is Not Accenta	able)		
	5 S.W. 124TH ST.			0000,710.01					
MIAN	AI FL 33186			83					
				84 City		 		. 85 Zip	C ode
				} *			F	_	
11. Pursuant office or n	to the provisions of Sections 607.0 egistered agent, or bo h, in the Sta m familiar with, and accept the ob	0502 and 607,1508, Florida Stat ate of Florida, Sychychange was	utes, the a authorize	bove-named corp d by the corporation	oration submits thi on's board of cirect	s statement for the ors. I hereby accep	purpose of the app	of changing its ointment as re	registered eg stered
agent. a	m familiar with, and accept the obl	ligations of Section 607.0505, F	lorida Stat	utes.		- 1	iai 1		
SIGNATURE	Signature, typed or printed have of registered	agent and filled applicable (NO	T . Do sistans	f Agent signature require	urben reinetation		Z4 J	<u> 494 </u>	
12.		ANI) DIRECTORS	13.	Again signatura require		CHANGES TO OF	FICERS ,	ND DIRECTO	DF:S IN 12
TITLE	D	☐ DELETE	1.1 T	πE				☐ Change	Addition
NAME	SINMAZ, NAFI		1.2 N	AME					
STREET ADDRE 3S	13265 S.W. 124TH ST.		135	TREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33186		140	ITY-ST-ZIP					
TITLE	D	☐ DELETE	2.1 T	TLE				☐ Change	☐ Addition
NAME	BUYUKTAFLI, AYDIN		2.2 N	AME					
STREET ADDRESS	13265 S.W. 124TH ST.		2.3 \$	TREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33186			TTY-ST-ZIP		_		Change	☐ Addition
TITLE		☐ DELETE	3.1 T					☐ Change	
NAME			3.2 N						
STREET ADDRE 3S				TREET ADDRESS					
CITY-ST-ZIP		DELETE	3.4. C	TI F		_	_	Change	Addition
NAME			4.21						
STREET ADDRESS				TREET ADDRESS					
CITY-ST-ZIP				TY-ST-ZIP					
TITLE		DELETE	5.1 T			_		Change	Addition
NAME			52 N	AME					
STREET ADDRESS			5.3 S	TREET ADDRESS					
CITY-ST-ZIP			5.4 C	ITY-ST-ZIP					
TITLE		☐ DELETE	6.1 T	TLE				Change	Addition
NAME			6.2 N	AME					
STREET ADDRESS			63S	TREET ADDRESS					
				TDV 07 710					

14. Thereby 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 cm 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 a other like empowered.

OR DIRECTOR