PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000075148

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03-23-1999 90030 031 ***150.00

GOLF EXPERTEES, INC. Mailing Address Principal Place of Business 611 MALAGA AVE. 611 MALAGA AVE. **CORAL GABLES FL 33134 CORAL GABLES FL 33134** DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 08/27/1998 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0859599 Not Applicable 2329 Coral Way 21 2329 Coral Way 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be Citý & State Added to Fees 28 Trust Fund Contribution Miami 23 Miami. Country 8. This corporation owes the current year Intangible Country Zip Yes 33145 Personal Property Tax. 29 24 33145 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent LYLEN, IAN J ESQ. Street Address (P.O. Box Number is Not Acceptable) 82 1925 BRICKELL AVE., SUITE D-207 MIAMI FL 33129 83 Zip Code 84 City 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 tile if applica (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE ☐ Change DVP 1.1 TITLE TILE CR2E034 12 NAME STOCK, GUILLERMO Dennis Stock NAME 2000 Towerside Tr., Tower II, Apt. 1505 1.3 STREET ADDRESS 611 MALAGA AVE. STREET ADDRES Miami Shores, FL 33138 **CORAL GABLES FL 33134** 14 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change DELETE mle 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZE ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITI F 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 61 IIII F DELETE TITLE 62 NAME NAME 8.3 STREET ADDRESS STREET ADDRES A A CITY-ST-21P 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 eath; 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 abyting climate with an address, with all other like empowered.

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3/15/99 305-857-3737

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Daytime Phone #