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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000080535

1. Corporation Name

GOLDEN FAMILY RESTAURANT, INC.

Princi	pal Pi	ace	of	Busi	ne
13001	N.W.	7TH	Α۱	/ENL	ΙE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

MIAMI FL 33168

22

Mailing Address

13001 N.W. 7TH AVENUE MIAMI FL 33168

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

FILED Feb 22, 1999 8:00 am **Secretary of State**

02-22-1999 90064 006 ***150.00



	IBRELLAND DENN ARN	II BBIAI QUIBI IDII	60101 01106 11101	
	•			
i	DO NOT WRITI	E IN THIS SF	PACE	

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date Incorporated or Qualifed

09/17/1998

65-0864304

5. Certifcate of Status Desired

6. Election Campaign Financing

4. FEI Number

23			28					Trust Fund Co	ontribution		Added t	Fees
Zip		Country	Zip		Country		8.	This corporati	on owes the c	urrent year In	tangible	
24	25		29	30				Personal Prop	perty Tax.		☐ Yes	□No
 l	9. Name and	Address of Current Re	egistered Agent				10.	Name and A	ddress of Ne	w Registered	Agent	
					81	Name	VACTI	N M FUOA	ιπν			
	30u, Huda H				82	Street		O. Box Numb		eptable)		
	11 N.W. 7TH A	VENUE				-		NW 471H				
AIM	AI FL 33168				83							
					84	City					85 Zip (ode
			•			•	MIAM			Fl	_ 331	
11. Pursuant t	to the provisions	of Sections 607.0502 ar	nd 807.1508, Florid	la Statutes, t	he above	-named	corporation	n submits this	statement for t	he purpose o	f changing its	registered
office or re	egistered agent, e m familiar with, a	or both, in the State of Find accept the obligations	ionga. Such chang s of Section 607.0	ge was autho 1505, Florida	nzea by i Statutes.	ine corp	oration's bo	bard of director	s. i nereby ac	cehraia appo	militieni as re	gistered
•	Un.	11791	Vi de				رف			1/13/99)	
SIGNATURE ;	Signature, typed or prin	nted name of registered eigenfand	title if applicable.	(NOTE: Regi	stered Agent	signature r	required when n					
12.	0	OFFICERS AND D			13.			ADDITIONS/CI	HANGES TO	OFFICERS A		
TITLE	PSTD	,	□ XDE	LETE	1.1 TITLE		PSTD				Change	Addition مُزِيَّ
NAME	Harbou, Hu	JDA H			12 NAME		YASIN	FUQAHA				
STREET ADDRESS	19370 COLLI	NS AVENUE #1027			1.3 STREET	ADDRESS		W 47th <i>I</i>	Avenue			
CITY-ST-ZIP	MIAMI FL 33	160			1.4 CITY-ST	-ZIP		, Fl 331				
TITLE			☐ DE	LETE	2.1 TITLE			,			Change	Addition
NAME				l l	2.2 NAME				•			
STREET ADDRESS					2.3 STREET	ADDRESS						
CITY-ST-ZIP					2. 4 CITY-S	T-ZIP					<u> </u>	
TITLE				LETE	3.1 TITLE						☐ Change	Addition
NAME				Ì	3.2 NAME							ļ
STREET ADDRESS					3.3 STREET	ADDRESS						
CITY-ST-ZIP					3.4. CITY-S	T-ZIP						C 4 4 00
TITLE			☐ DE	LETE	4.1 TITLE						Change	Addition
NAME					4. 2 NAME							
STREET ADDRESS					4 3 STREET	ADDRESS						
CITY-ST-ZIP		<u></u>			44 CITY-ST	ZIP	ļ	 				
TITLE			☐ DE		5.1 TITLE						☐ Change	☐ Addition {
NAME				•	5.2 NAME							ļ
STREET ADDRESS					5.3 STREET							
CITY-ST-ZIP					5.4 CITY-ST	-ZIP	ļ					A delition
TITLE			☐ DE	,_	6.1 TITLE						☐ Change	☐ Addition
NAME !					62 NAME							
STREET ADDRESS					6.3 STREET							
CITY-ST-ZIP					6.4 CITY-ST	-ZIP						

I hereby certify that the information supplied with this filing does not gualify 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changen, or on an attachment with an address, with all other like empowered.

SIGNATURE:

YASIN FUQAHA, PRESIDENT

1/13/99

Daytime Phone #