

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

FILED

Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S25592 (4)

1. Corporation Name
GOLDEN AGE PROFESSIONAL SERVICES, INC.



Principal Place of Business

10843 SW 34 ST.
MIAMI FL 33165
US

Mailing Address

10843 SW 34 ST.
MIAMI FL 33165-3501
US

2. Principal Place of Business

21 10240 SW 56 Street

Suite, Apt. #, etc

22 111-C

City & State

23 Miami, FL

Zip

24 33165

Country

25 US

2a. Mailing Address

26 10240 SW 56 Street

Suite, Apt. #, etc

27 111-C

City & State

28 Miami, FL

Zip

29 33165

Country

30 US

3. Date Incorporated or Qualified

01/17/1991

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0237178

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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 of the person named in the printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME PEREZ, EDUARDO O.
STREET ADDRESS 10843 S.W. 34TH ST.
CITY-ST-ZIP MIAMI FL

TITLE VDS
NAME PEREZ, MARIA C
STREET ADDRESS 10843 SW 34TH ST
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE PD
1.2 NAME Ruben Dominguez
1.3 STREET ADDRESS 10240 SW 56 Street, Suite 111-C
1.4 CITY-ST-ZIP MIAMI, FL 33165

2.1 TITLE VDS
2.2 NAME JOSE A. ENTRENA
2.3 STREET ADDRESS 10240 SW 56 ST, Suite 111-C
2.4 CITY-ST-ZIP MIAMI, FL 33165

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

14. I do 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 and typed or printed name of signing officer or director (NAME) Jose A. Entrena 1-27-97 B-305-618-6466

CR2E034 (9/96)