

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

Amend

FILED
Mar 25 1997 8:00am
Secretary of State

DOCUMENT #
1. Corporate Name

S25592

Golden Age Professional Services, inc.

Principal Place of Business

Mailing Address

10240 S.W. 56 Street, Suite # 111-C
Miami, FL 33165

2. Principal Place of Business

21 S.A.A.
Suite Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 S.A.A.
Suite Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

1-17-91

3a. Date of Last Report

1-27-97

4. FEI Number

65-0237178

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

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81

Name

Ruben Dominguez

82

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

10240 SW 56 St.

83

Suite 111-C

84

City
Miami

FL

85

Zip Code
33165

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
officer 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

Ruben Dominguez

PD.

3-12-97

Signature of officer or person named as registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE	<input type="checkbox"/> DELETE
12.2 NAME	
12.3 STREET ADDRESS	
12.4 CITY-ST-ZIP	
12.5 TITLE	<input type="checkbox"/> DELETE
12.6 NAME	
12.7 STREET ADDRESS	
12.8 CITY-ST-ZIP	
12.9 TITLE	<input type="checkbox"/> DELETE
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY-ST-ZIP	
12.13 TITLE	<input type="checkbox"/> DELETE
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY-ST-ZIP	
12.17 TITLE	<input type="checkbox"/> DELETE
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
13.2 NAME	Ruben Dominguez		
13.3 STREET ADDRESS	10240 SW 56 St., Suite 111-C		
13.4 CITY-ST-ZIP	Miami, FL 33165		
13.5 TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
13.6 NAME	BERTA HERRERA		
13.7 STREET ADDRESS	10240 SW 56 St. Suite 111-C		
13.8 CITY-ST-ZIP	Miami FL 33165		
13.9 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
13.10 NAME			
13.11 STREET ADDRESS			
13.12 CITY-ST-ZIP			
13.13 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
13.14 NAME			
13.15 STREET ADDRESS			
13.16 CITY-ST-ZIP			
13.17 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
13.18 NAME			
13.19 STREET ADDRESS			
13.20 CITY-ST-ZIP			

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14. I certify by filing this information 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 a officer or director of the corporation, 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 or in an attachment with an address.

SIGNATURE:

Ruben Dominguez

3-12-97

Date

Daytime Phone: #

CR2E034 (9/96)