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FILED

Feb 03 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 # S41204

(6)

1. Corporation Name
GOLDEN PLAZA CORPORATION



Principal Place of Business

3664 SW 15TH STREET
SECOND FLOOR
MIAMI FL 33145

Mailing Address

3664 SW 15TH STREET
SECOND FLOOR
MIAMI FL 33145-1030

3. Date Incorporated or Qualified
03/25/1991

3a. Date of Last Report
03/14/1996

2. Principal Place of Business

21 8190 W. FLAGLER ST.

2a. Mailing Address

26 P.O. BOX

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 MIAMI, FLORIDA

27 140971

City & State

City & State

23

28 CORAL GABLES FL.

Zip

Country

Zip

Country

24 33144

25 USA

29 3314-0971

30 USA.

4. FEI Number
65-0251936

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

ZARAGOZA, ANDRES
3664 SW 15TH STREET
SECOND FLOOR
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name ANDRES ZARAGOZA
82 Street Address (P.O. Box Number is Not Acceptable)
130 MENDOZA AVE SUITE 402
83 CORAL GABLES, FL 33134
84 City FL 85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KUBE, SALOMON	
STREET ADDRESS	3664 SW 15TH ST.	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LEON, YVETTE	
STREET ADDRESS	3664 SW 15TH ST.	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KUBE, JORGE	
STREET ADDRESS	3664 SW 15TH ST.	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KUBE, REINALDO	
STREET ADDRESS	3664 SW 15TH ST.	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
YVETTE LEON 1/29/97 (305) 448-0127

CR2E034 (9/96)