

FILL NOW. FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
2001



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90061 005 ***150.00

DOCUMENT # **541204**

1. Corporation Name

GOLDEN PLAZA CORPORATION

Principal Place of Business

Mailing Address

Real-estate holding
company

1 Alhambra Circle, Apt.305
Coral Gables, FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3/25/91

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

1. Principal Place of Business

1 Alhambra Circle,

Suite, Apt. #, etc.

305

City & State

Coral Gables, FL

Zip

33134

Country

USA

2a. Mailing Address

26 SAME AS ABOVE

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELIZABETH MORILLO
1 Alhambra Circle, Apt. 305
Coral Gables, FL 33134

81 Name

SAME

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

83

84 City

FL

85 Zip Code

1. 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

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Salomon Kube <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Vice-President	1.2 NAME	Elizabeth Morillo
1.3 STREET ADDRESS	1 Alhambra Circle, Apt. #305	1.3 STREET ADDRESS	1 Alhambra Circle, Apt. #305
1.4 CITY-ST-ZIP	Coral Gables, FL 33134	1.4 CITY-ST-ZIP	Coral Gables, FL 33134
2.1 TITLE	President <input checked="" type="checkbox"/> DELETE	2.1 TITLE	President and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	YVETTE LEON	2.2 NAME	Reynaldo Kube
2.3 STREET ADDRESS	1 Alhambra Circle, Apt. #305	2.3 STREET ADDRESS	1 Alhambra Circle, Apt. #305
2.4 CITY-ST-ZIP	Coral Gables, FL 33134	2.4 CITY-ST-ZIP	Coral Gables, FL 33134
3.1 TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		3.2 NAME	Salomon Kube
3.3 STREET ADDRESS		3.3 STREET ADDRESS	1 Alhambra Circle, #305
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	Coral Gables, FL 33134
4.1 TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		4.2 NAME	Yvette Leon
4.3 STREET ADDRESS		4.3 STREET ADDRESS	1 Alhambra Circle, #305
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	Coral Gables, FL 33134
5.1 TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE:

Secretary/Treasurer

305-567-1949