

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

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May 08 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 # **S68640** (9)
1. Corporation Name
GOLDEN GLASS DESIGN CORP

Principal Place of Business
**630 SW 114 CT
MIAMI FL 33174
US**

Mailing Address
**630 SW 114 CT
MIAMI FL 33174-4000
US**



2. Principal Place of Business 21 12100 SW 117 CT		2a. Mailing Address 26 12100 SW 117 CT		3. Date Incorporated or Qualified 07/25/1991		3a. Date of Last Report 08/09/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 65-0305998		Applied For <input checked="" type="checkbox"/> Not Applicable	
23 City & State MIAMI FLORIDA		27 City & State MIAMI, FLORIDA		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 Zip 33186		25 Country US		28 Zip 33186		29 Country US	
23 City & State MIAMI FLORIDA		27 City & State MIAMI, FLORIDA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 33186		25 Country US		28 Zip 33186		29 Country US	
23 City & State MIAMI FLORIDA		27 City & State MIAMI, FLORIDA		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**ARRASTIA, EDUARDO
12100 SW 117 COURT
APT. 11-19
MIAMI FL 33186**

10. Name and Address of New Registered Agent

81 Name **ARRASTIA EDUARDO**
82 Street Address (P.O. Box Number is Not Acceptable)
15540 SW 57 TERR
83
84 City **MIAMI** FL 85 Zip Code **33193**

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

Eduardo Arrastia, President 4/29/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARRASTIA, EDUARDO	1.2 NAME	
STREET ADDRESS	15540 SW 57 TERR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARRASTIA, JUAN	2.2 NAME	
STREET ADDRESS	630 SW 114 CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

Eduardo Arrastia 4/29/97 (205) 234-0209

Date

Daytime Phone

CR2E034 (9/96)