FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
95 FEB -7 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S84033 (7)

1. Corporation Name
GOLDEN NUGGET HOTEL, INC.

Principal Place of Business	Mailing Address
18555 COLLINS AVE. MIAMI BEACH FL 33160	18555 COLLINS AVE. MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/01/1991
3a. Date of Last Report: 08/26/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: 65-0288016 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State — 23
City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip — 24 | Country — 25
Zip — 29 | Country — 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPCO, INC.
2699 S. BAYSHORE DR.
7TH FLOOR
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MORALES, GERMAN	1.2 NAME	
STREET ADDRESS	18001 COLLINS AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	ALVARO RIASCOS,	2.2 NAME	
STREET ADDRESS	18555 COLLINS AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33160	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	GUILLERMO SARAMIENTO,	3.2 NAME	
STREET ADDRESS	18555 COLLINS AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33160	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	OFELIA DE MEDINA,	4.2 NAME	
STREET ADDRESS	18555 COLLINS AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33160	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	EDMUNDO CARO,	5.2 NAME	
STREET ADDRESS	18555 COLLINS AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33160	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	JESUS MEDINA,	6.2 NAME	
STREET ADDRESS	18555 COLLINS AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33160	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 addition.

SIGNATURE: Ruan Morales — Feb. 4, 1995
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0172200 CP