


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

FILED

Feb 03 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS																																																																																																																									
<b>DOCUMENT # V51272 (5)</b> 1. Corporation Name <b>GOLDEN CAB CORP.</b>																																																																																																																													
Principal Place of Business <b>706 BARNETT DR. 6815 Norton Ave</b> <b>DAY #1 DAY #3</b> <b>LAKE WORTH FL 33460</b> <b>US West Palm Bch FL 33405</b>			Mailing Address <b>PO BOX 6914</b> <b>LAKE WORTH FL 33466-6914</b>																																																																																																																										
2. Principal Place of Business <b>21 6815 Norton Ave</b> Suite, Apt. #, etc. <b>22 DAY #3</b> City & State <b>23 West Palm Bch FL</b> Zip <b>24 33405</b>		2a. Mailing Address <b>26 Same as above</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29 33405</b>		3. Date Incorporated or Qualified <b>07/16/1992</b> 3a. Date of Last Report <b>05/21/1996</b> 4. FEI Number <b>65-0345447</b> Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. 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 <b>GIRAUD, YOLANDA</b> <b>821 HILLCREST BLVD</b> <b>W PALM BCH FL 33405</b>			10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>																																																																																																																										
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 <u>Yolanda Giraud</u> <u>Yolanda Giraud</u> <u>1-9-97</u> Signature of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE																																																																																																																													
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>T</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>GIRAUD, YOLANDA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>821 HILLCREST BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>W PALM BCH FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>DIAZ, MARINO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>821 HILLCREST BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>W PALM BCH FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>P</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>HERNANDEZ, JOSE J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>208 E SUNRISE AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LANTANA FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>ROSARIO, FRANCIA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>208 E. SUNRISE AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LANTANA FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	T	<input type="checkbox"/> DELETE	NAME	GIRAUD, YOLANDA		STREET ADDRESS	821 HILLCREST BLVD		CITY-ST-ZIP	W PALM BCH FL		TITLE	VP	<input type="checkbox"/> DELETE	NAME	DIAZ, MARINO		STREET ADDRESS	821 HILLCREST BLVD		CITY-ST-ZIP	W PALM BCH FL		TITLE	P	<input type="checkbox"/> DELETE	NAME	HERNANDEZ, JOSE J		STREET ADDRESS	208 E SUNRISE AVE		CITY-ST-ZIP	LANTANA FL		TITLE	S	<input type="checkbox"/> DELETE	NAME	ROSARIO, FRANCIA		STREET ADDRESS	208 E. SUNRISE AVE		CITY-ST-ZIP	LANTANA FL		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 <table border="1"> <tr> <td>1.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> </tr> </table>			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	
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CR2E034 (9/96)

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: Yolanda Giraud Yolanda Giraud 1/9/97 561-8988  
 Signature and typed or printed name of signing officer or director Date Division Phone #