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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V51272

1. Corporation Name

FILED
Feb 23, 1999 8:00 am
Secretary of State
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02-23-1999 90002 013 ***150.00

GOLDEN CAB CORP.						
Principal Place of Business	Mailing Address				1841 91911 81	
6815 NORTON AVE	PO BOX 6914					
BAY #3	LAKE WORTH FL 33466		سیپودین بین ی			
WEST PALM BEACH FL 33405				ITE IN THIS SPA	NCE.	
US			 Date Incorporated or Qualified 07/16/1992 			
	2a. Mailing Address		4. FEI Number		LApr	olied For
2. Principal Place of Business	<u> </u>		65-0345447	•		Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		03 004347	_ \$	8.75 A	
22	27		5. Certificate of Status Desired		Fee Rec	
City & State	City & State		6. Election Campaign Financing		\$5.00	Mav Be
23	28		Trust Fund Contribution		Added to	
Zip Country	Zip	Country	8. This corporation owes the cur	rent year Intangit	ble	
24 25	29	30	Personal Property Tax.	_ 🗆 :	Yes l	□No
9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New	Registered Ager	nt	
OIDALID VOLANDA	-	81 Name	ernandez Jose	. 2.		ļ
GIRAUD, YOLANDA		82 Street Addr	ress (P.O. Box Number is Not Accept			
821 HILLCREST BLVD		616	Wreight DR.	·		
W PALM BCH FL 33405		83	_ 3			
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11. Pursuant to the provisions of Sections 607.050	2 and 607.1508/ Florida Statute	s, the above-named corp	poration submits this statement for the	e purpose or char	nt as rad	registered
11. Pursuant to the provisions of Sections 697.050 office or registered agent, or both, in the State agent, I am temiliar with, and accept the obliga	22 and 607.1508/ Florida Statute of Florida. Such change was au itions of, Section 607,0505, Flor	es, the above-named corp	poration submits this statement for the on's board of directors. I hereby acce	pt the appointme	nt as reg	registered jistered
agent. I aph tamiliar with, and accept the obliga	22 and 607.1508/Florida Statute of Florida. Such change was au tions of, Section 607,0505, Flor	es, the above-named corp thorized by the corporation ida Statutes.	ooration submits this statement for the on's board of directors. I hereby acce	pt the appointme	ent as reg	registered gistered
agent. I am familiar with, and accept the obligation of the obliga	Minns of, Section 607,0505, Flor	es, the above-named corp ithorized by the corporation ida Statutes. Registered Agent signature require	ed when reinstating)	DATE		
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14. 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 suppliemental 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:

Daytime Phone #