

UNITED STATES BANKRUPTCY COURT

SOUTHERN DISTRICT OF FLORIDA

MIAMI DIVISION

In Re. GOLIATH VENTURES INC. (WY)

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§

Case No. 26-13176

Debtor(s)

Lead Case No. 26-13174

☒ Jointly Administered**Monthly Operating Report**

Chapter 11

Reporting Period Ended: 05/31/2026

Petition Date: 03/16/2026

Months Pending: 3

Industry Classification:

7	1	3	9
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Reporting Method:

Accrual Basis ☐Cash Basis ☒

Debtor's Full-Time Employees (current):

0

Debtor's Full-Time Employees (as of date of order for relief):

0

Supporting Documentation (check all that are attached):

(For jointly administered debtors, any required schedules must be provided on a non-consolidated basis for each debtor)

- ☒ Statement of cash receipts and disbursements
- ☐ Balance sheet containing the summary and detail of the assets, liabilities and equity (net worth) or deficit
- ☐ Statement of operations (profit or loss statement)
- ☐ Accounts receivable aging
- ☐ Postpetition liabilities aging
- ☐ Statement of capital assets
- ☐ Schedule of payments to professionals
- ☐ Schedule of payments to insiders
- ☒ All bank statements and bank reconciliations for the reporting period
- ☐ Description of the assets sold or transferred and the terms of the sale or transfer

/s/Solomon B. Genet

Signature of Responsible Party

06/22/2026

Date

Solomon B. Genet, Esquire

Printed Name of Responsible Party

Meland Budwick, PA, 200 S Biscayne Blvd #3200, Miami,
FL 33131

Address

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

Debtor's Name GOLIATH VENTURES INC. (WY)

Case No. 26-13176

Part 1: Cash Receipts and Disbursements		Current Month	Cumulative
a.	Cash balance beginning of month	\$0	
b.	Total receipts (net of transfers between accounts)	\$176,483	\$0
c.	Total disbursements (net of transfers between accounts)	\$50	\$0
d.	Cash balance end of month (a+b-c)	\$176,433	
e.	Disbursements made by third party for the benefit of the estate	\$0	\$0
f.	Total disbursements for quarterly fee calculation (c+e)	\$50	\$0

Part 2: Asset and Liability Status (Not generally applicable to Individual Debtors. See Instructions.)		Current Month
a.	Accounts receivable (total net of allowance)	\$0
b.	Accounts receivable over 90 days outstanding (net of allowance)	\$0
c.	Inventory (Book ☐ Market ☐ Other ☒ (attach explanation))	\$0
d.	Total current assets	\$0
e.	Total assets	\$0
f.	Postpetition payables (excluding taxes)	\$0
g.	Postpetition payables past due (excluding taxes)	\$0
h.	Postpetition taxes payable	\$0
i.	Postpetition taxes past due	\$0
j.	Total postpetition debt (f+h)	\$0
k.	Prepetition secured debt	\$0
l.	Prepetition priority debt	\$0
m.	Prepetition unsecured debt	\$0
n.	Total liabilities (debt) (j+k+l+m)	\$0
o.	Ending equity/net worth (e-n)	\$0

Part 3: Assets Sold or Transferred		Current Month	Cumulative
a.	Total cash sales price for assets sold/transferred outside the ordinary course of business	\$0	\$0
b.	Total payments to third parties incident to assets being sold/transferred outside the ordinary course of business	\$0	\$0
c.	Net cash proceeds from assets sold/transferred outside the ordinary course of business (a-b)	\$0	\$0

Part 4: Income Statement (Statement of Operations) (Not generally applicable to Individual Debtors. See Instructions.)		Current Month	Cumulative
a.	Gross income/sales (net of returns and allowances)	\$0	
b.	Cost of goods sold (inclusive of depreciation, if applicable)	\$0	
c.	Gross profit (a-b)	\$0	
d.	Selling expenses	\$0	
e.	General and administrative expenses	\$0	
f.	Other expenses	\$0	
g.	Depreciation and/or amortization (not included in 4b)	\$0	
h.	Interest	\$0	
i.	Taxes (local, state, and federal)	\$0	
j.	Reorganization items	\$0	
k.	Profit (loss)	\$0	\$0

Debtor's Name GOLIATH VENTURES INC. (WY)

Case No. 26-13176

Part 5: Professional Fees and Expenses

			Approved Current Month	Approved Cumulative	Paid Current Month	Paid Cumulative	
a.	Debtor's professional fees & expenses (bankruptcy) <i>Aggregate Total</i>						
	<i>Itemized Breakdown by Firm</i>						
		Firm Name	Role				
	i						
	ii						
	iii						
	iv						
	v						
	vi						
	vii						
	viii						
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	xii						
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Debtor's Name GOLIATH VENTURES INC. (WY)

Case No. 26-13176

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Debtor's Name GOLIATH VENTURES INC. (WY)

Case No. 26-13176

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b.			Approved Current Month	Approved Cumulative	Paid Current Month	Paid Cumulative
	Debtor's professional fees & expenses (nonbankruptcy) <i>Aggregate Total</i>					
	<i>Itemized Breakdown by Firm</i>					
	Firm Name	Role				
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ii						
iii						
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viii						
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xi						
xii						
xiii						
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Debtor's Name GOLIATH VENTURES INC. (WY)

Case No. 26-13176

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Debtor's Name GOLIATH VENTURES INC. (WY)

Case No. 26-13176

	xcix						
	c						
c.	All professional fees and expenses (debtor & committees)						

Part 6: Postpetition Taxes**Current Month****Cumulative**

a.	Postpetition income taxes accrued (local, state, and federal)	\$0	\$0
b.	Postpetition income taxes paid (local, state, and federal)	\$0	\$0
c.	Postpetition employer payroll taxes accrued	\$0	\$0
d.	Postpetition employer payroll taxes paid	\$0	\$0
e.	Postpetition property taxes paid	\$0	\$0
f.	Postpetition other taxes accrued (local, state, and federal)	\$0	\$0
g.	Postpetition other taxes paid (local, state, and federal)	\$0	\$0

Part 7: Questionnaire - During this reporting period:

- a. Were any payments made on prepetition debt? (if yes, see Instructions) Yes ☐ No ☒
- b. Were any payments made outside the ordinary course of business without court approval? (if yes, see Instructions) Yes ☐ No ☒
- c. Were any payments made to or on behalf of insiders? Yes ☐ No ☒
- d. Are you current on postpetition tax return filings? Yes ☒ No ☐
- e. Are you current on postpetition estimated tax payments? Yes ☒ No ☐
- f. Were all trust fund taxes remitted on a current basis? Yes ☒ No ☐
- g. Was there any postpetition borrowing, other than trade credit? (if yes, see Instructions) Yes ☐ No ☒
- h. Were all payments made to or on behalf of professionals approved by the court? Yes ☐ No ☐ N/A ☒
- i. Do you have:
- Worker's compensation insurance? Yes ☐ No ☒
 - If yes, are your premiums current? Yes ☐ No ☐ N/A ☒ (if no, see Instructions)
 - Casualty/property insurance? Yes ☐ No ☒
 - If yes, are your premiums current? Yes ☐ No ☐ N/A ☒ (if no, see Instructions)
 - General liability insurance? Yes ☐ No ☒
 - If yes, are your premiums current? Yes ☐ No ☐ N/A ☒ (if no, see Instructions)
- j. Has a plan of reorganization been filed with the court? Yes ☐ No ☒
- k. Has a disclosure statement been filed with the court? Yes ☐ No ☒
- l. Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. § 1930? Yes ☒ No ☐

Debtor's Name GOLIATH VENTURES INC. (WY)

Case No. 26-13176

Part 8: Individual Chapter 11 Debtors (Only)

- | | | |
|--|-------|-----|
| a. Gross income (receipts) from salary and wages | _____ | \$0 |
| b. Gross income (receipts) from self-employment | _____ | \$0 |
| c. Gross income from all other sources | _____ | \$0 |
| d. Total income in the reporting period (a+b+c) | _____ | \$0 |
| e. Payroll deductions | _____ | \$0 |
| f. Self-employment related expenses | _____ | \$0 |
| g. Living expenses | _____ | \$0 |
| h. All other expenses | _____ | \$0 |
| i. Total expenses in the reporting period (e+f+g+h) | _____ | \$0 |
| j. Difference between total income and total expenses (d-i) | _____ | \$0 |
| k. List the total amount of all postpetition debts that are past due | _____ | \$0 |
- l. Are you required to pay any Domestic Support Obligations as defined by 11 U.S.C § 101(14A)? Yes ☐ No ☒
- m. If yes, have you made all Domestic Support Obligation payments? Yes ☐ No ☐ N/A ☒

Privacy Act Statement

28 U.S.C. § 589b authorizes the collection of this information, and provision of this information is mandatory under 11 U.S.C. §§ 704, 1106, and 1107. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6). The United States Trustee will also use this information to evaluate a chapter 11 debtor's progress through the bankruptcy system, including the likelihood of a plan of reorganization being confirmed and whether the case is being prosecuted in good faith. This information may be disclosed to a bankruptcy trustee or examiner when the information is needed to perform the trustee's or examiner's duties or to the appropriate federal, state, local, regulatory, tribal, or foreign law enforcement agency when the information indicates a violation or potential violation of law. Other disclosures may be made for routine purposes. For a discussion of the types of routine disclosures that may be made, you may consult the Executive Office for United States Trustee's systems of records notice, UST-001, "Bankruptcy Case Files and Associated Records." See 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the notice may be obtained at the following link: http://www.justice.gov/ust/ao/rules_regulations/index.htm. Failure to provide this information could result in the dismissal or conversion of your bankruptcy case or other action by the United States Trustee. 11 U.S.C. § 1112(b)(4)(F).

I declare under penalty of perjury that the foregoing Monthly Operating Report and its supporting documentation are true and correct and that I have been authorized to sign this report on behalf of the estate.

/s/Michael S. Budwick

Signature of Responsible Party

Receiver for Goliath Ventures Inc.

Title

Michael S. Budwick, Receiver for Goliath Ventures Inc.

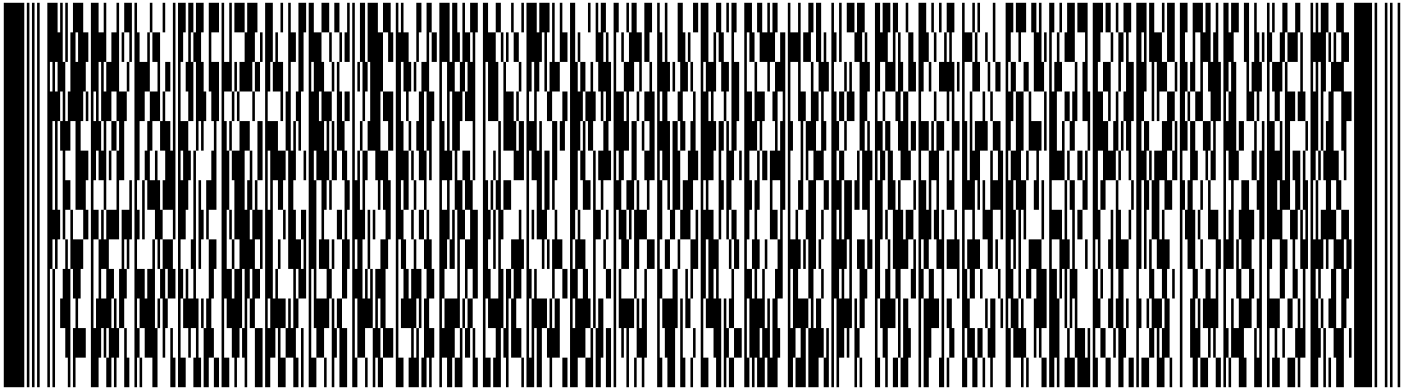
Printed Name of Responsible Party

06/22/2026

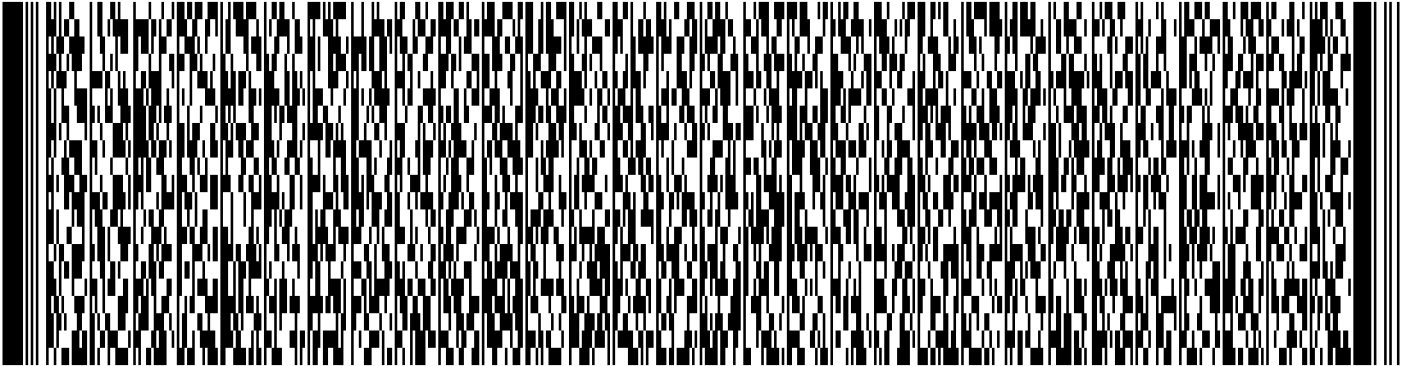
Date

Debtor's Name GOLIATH VENTURES INC. (WY)

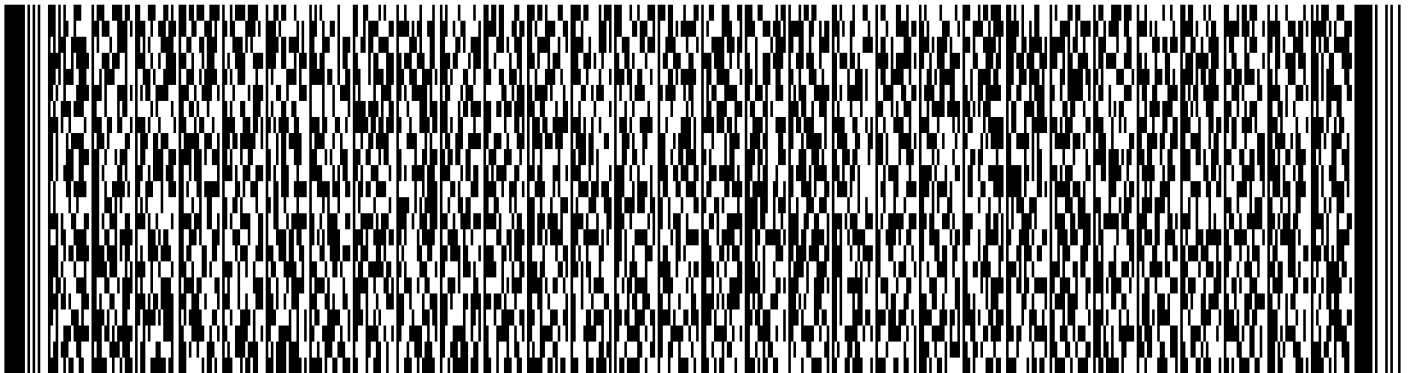
Case No. 26-13176



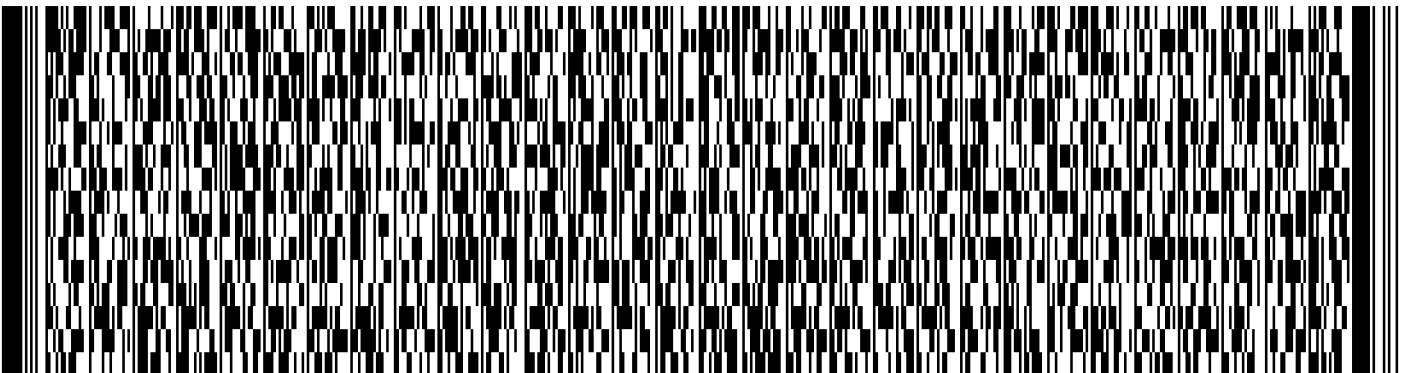
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PageTwoPartTwo

Debtor's Name GOLIATH VENTURES INC. (WY)

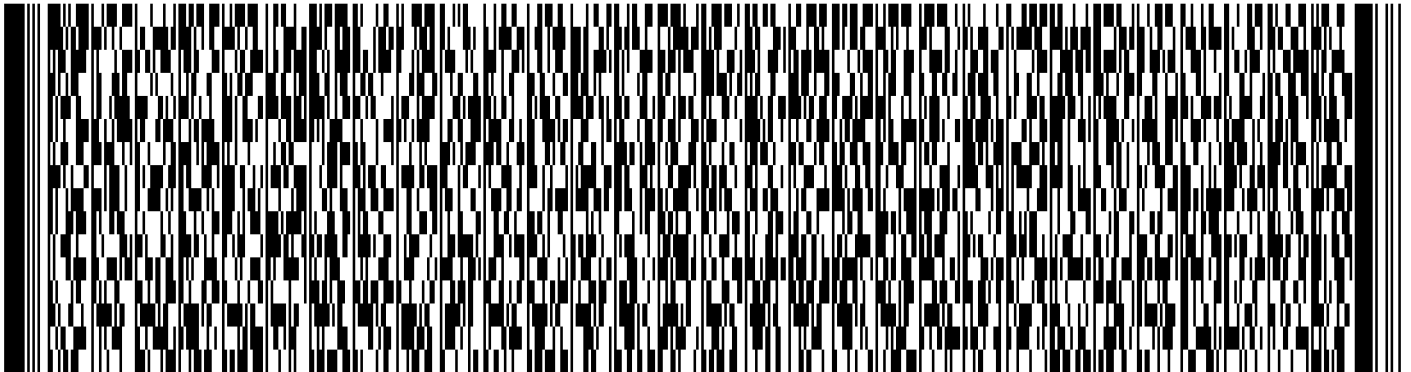
Case No. 26-13176



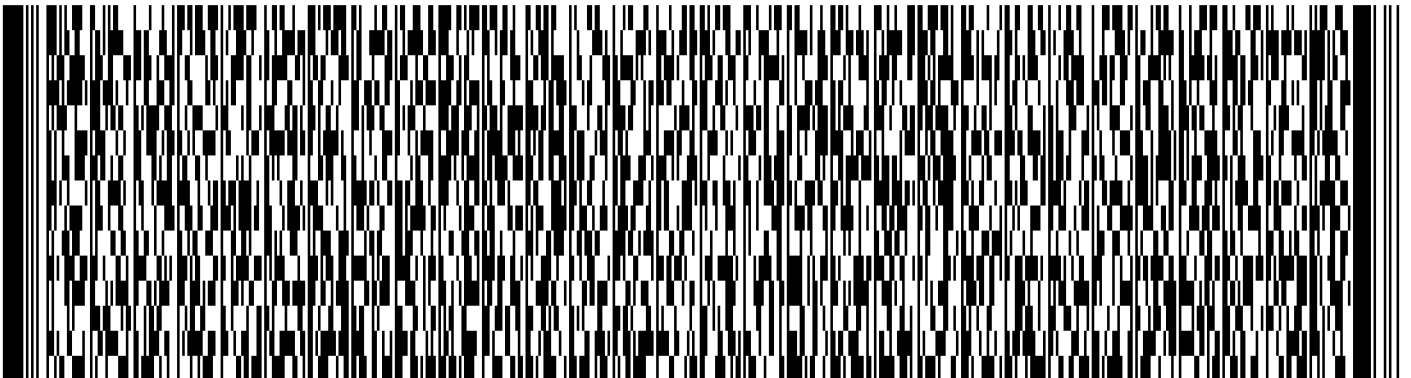
Bankruptcy1to50



Bankruptcy51to100



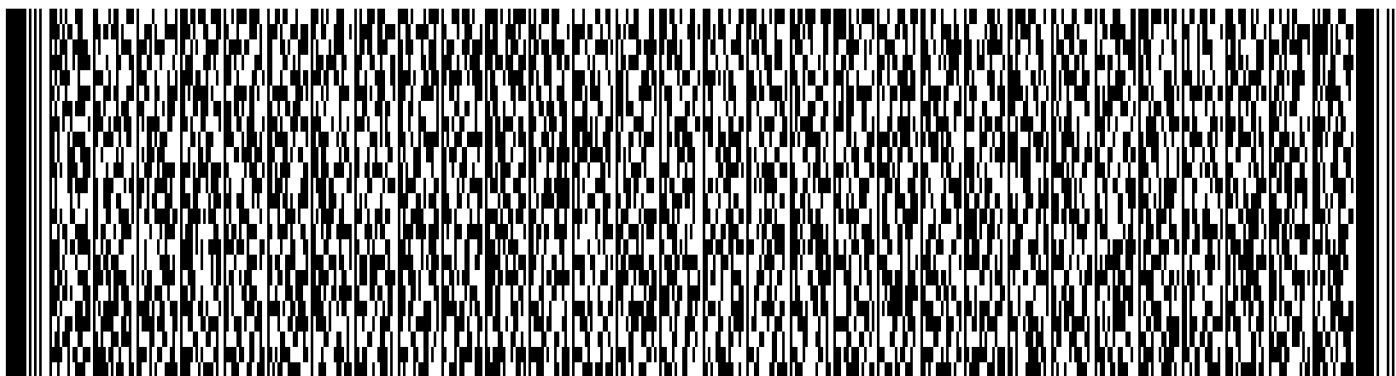
NonBankruptcy1to50



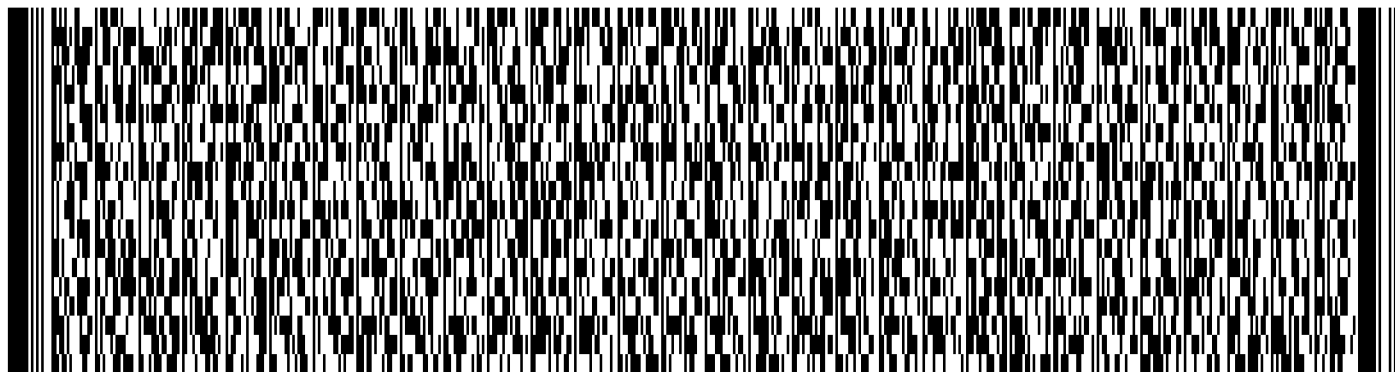
NonBankruptcy51to100

Debtor's Name GOLIATH VENTURES INC. (WY)

Case No. 26-13176



PageThree



PageFour

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GOLIATH VENTURES INC
DEBTOR IN POSSESSION
CH11 CASE #26-13176 (SFL)
200 S BISCAYNE BLVD STE 3200
MIAMI FL 33131-5323

Questions?

Available by phone Mon-Sat 7:00am-11:00pm
Eastern Time, Sun 9:00am-10:00pm Eastern Time:
We accept all relay calls, including 711

1-800-CALL-WELLS (1-800-225-5935)

En español: 1-877-337-7454

Online: wellsfargo.com/biz

Write: Wells Fargo Bank, N.A. (287)
P.O. Box 6995
Portland, OR 97228-6995

Your Business and Wells Fargo

Thank you for being a loyal Wells Fargo customer. We value your trust in our company and look forward to continuing to serve you with your financial needs.

Other Wells Fargo Benefits

Fraud and scam tips to help keep your money and information safe

Quickly spot check fraud and scams

- Review check images at least monthly. If something doesn't look right, report it right away.
- Verify your recipient received the check.
- Set up "Checks posted yesterday" alerts in the Wells Fargo Mobile® app* or online banking to be notified when a check clears.
- Be wary if anyone sends you a check and asks you to send money back. That's likely a scam.

Government impersonation scams

Here's what to know:

- Scammers pose as government agencies to get your money or personal information.
- Never share your Social Security or Medicare number unless you're the one who initiated the contact.
- If you have a real tax issue, the IRS will always send you a letter. **Hang up on unexpected calls from the IRS**, even if the caller already has your Social Security number.
- If anyone urges you to move your money to a different account for any reason, even to "protect it", **assume it's a scam**.

Remember, always be cautious when you're asked for your personal information or money. Don't respond until you validate "who" and "why". You are in control when it's your money.

* Sign-up may be required. Availability may be affected by your mobile carrier's coverage area. Your mobile carrier's message and data rates may apply.

Statement period activity summary	
Beginning balance on 5/5	\$0.00
Deposits/Credits	176,482.98
Withdrawals/Debits	- 49.50
Ending balance on 5/31	\$176,433.48

Account number: 8 (primary account)

GOLIATH VENTURES INC
DEBTOR IN POSSESSION
CH11 CASE #26-13176 (SFL)

Florida account terms and conditions apply

For Direct Deposit use
Routing Number (RTN): 063107513

For Wire Transfers use
Routing Number (RTN): 121000248

Overdraft Protection
This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo branch.

Transaction history

Date	Check Number	Description	Deposits/ Credits	Withdrawals/ Debits	Ending daily balance
5/5		Deposit	100.97		100.97
5/7		WT Fed#OR400 City National Bank /Org=Meland Budwick PA Srf# Opf148231647 Trn#260507109590 Rfb# Q2Gt4667329	141,382.00		141,482.97
5/12		Harland Clarke Check/Acc. 050926 2Ibu308200718L8 Goliath Ventures Inc		49.50	141,433.47
5/14		WT Fed#OR400 City National Bank /Org=Meland Budwick PA Srf# Opf148277453 Trn#260514149114 Rfb# Q2Gt4686191	35,000.01		176,433.48
Totals			\$176,482.98	\$49.50	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Monthly service fee summary

For a complete list of fees and detailed account information, see the disclosures applicable to your account or talk to a banker. Go to wellsfargo.com/feefaq for a link to these documents, and answers to common monthly service fee questions.

Fee period 05/05/2026 - 05/31/2026	Standard monthly service fee \$15.00	You paid \$0.00
We waived the fee this fee period to allow you to meet one of the options to avoid the monthly service fee. Your fee waiver is about to expire. You will need to meet one of the options to avoid the monthly service fee.		
How to avoid the monthly service fee	Minimum required	This fee period
Have any ONE of the following each fee period		
• Minimum daily balance	\$2,000.00	\$100.97 ☐

The monthly service fee summary fee period ending date shown above includes a Saturday, Sunday, or holiday which are non-business days.
Transactions occurring after the last business day of the month will be included in your next fee period.



Account transaction fees summary

<i>Service charge description</i>	<i>Units used</i>	<i>Units included</i>	<i>Excess units</i>	<i>Service charge per excess units (\$)</i>	<i>Total service charge (\$)</i>
Cash Deposited (\$)	0	5,000	0	0.0030	0.00
Transactions	1	100	0	0.50	0.00
Total service charges					\$0.00

**IMPORTANT ACCOUNT INFORMATION**

Effective July 1, 2026, the fee for stop payment requests on checks drawn on your account, or on pre-authorized (Automated Clearing House) items, will be \$30 per item. The fee may not be applicable to all customers depending on the type of account you have. For more details, refer to the Fee and Information Schedule applicable to your account.

NEW YORK CITY CUSTOMERS ONLY -- Pursuant to New York City regulations, we request that you contact us at 1-800-TO WELLS (1-800-869-3557) to share your language preference.

Other Wells Fargo Benefits**Wells Fargo is serious about security.**

Keeping your accounts and information secure is our priority. We use sophisticated tools to help safeguard your money - 24/7 fraud monitoring, data encryption, secure technology, and protection against suspicious activity. Visit our Security Center at wellsfargo.com/security to learn more.



Important Information You Should Know

- **To dispute or report inaccuracies in information we have furnished to a Consumer Reporting Agency about your accounts:** Wells Fargo Bank, N.A. may furnish information about deposit accounts to Early Warning Services. You have the right to dispute the accuracy of information that we have furnished to a consumer reporting agency by writing to us at Wells Fargo Bank N.A. Attn: Deposit Furnishing Disputes MAC F2304-019 PO Box 50947 Des Moines, IA 50340. Include with the dispute the following information as available: Full name (First, Middle, Last), Complete address, The account number or other information to identify the account being disputed, Last four digits of your social security number, Date of Birth. Please describe the specific information that is inaccurate or in dispute and the basis for the dispute along with supporting documentation. If you believe the information furnished is the result of identity theft, please provide us with an identity theft report.
- **In case of errors or questions about other transactions (that are not electronic transfers):**
Promptly review your account statement within 30 days after we made it available to you, and notify us of any errors.
- **If your account has a negative balance:** Please note that an account overdraft that is not resolved 60 days from the date the account first became overdrawn will result in closure and charge off of your account. In this event, it is important that you make arrangements to redirect recurring deposits and payments to another account. The closure will be reported to Early Warning Services. We reserve the right to close and/or charge-off your account at an earlier date, as permitted by law. The laws of some states require us to inform you that this communication is an attempt to collect a debt and that any information obtained will be used for that purpose.
- **To download and print an Account Balance Calculation Worksheet (PDF) to help you balance your checking or savings account,** enter www.wellsfargo.com/balancemyaccount in your browser on either your computer or mobile device.

Account Balance Calculation Worksheet

1. Use the following worksheet to calculate your overall account balance.
2. Go through your register and mark each check, withdrawal, ATM transaction, payment, deposit or other credit listed on your statement. Be sure that your register shows any interest paid into your account and any service charges, automatic payments or ATM transactions withdrawn from your account during this statement period.
3. Use the chart to the right to list any deposits, transfers to your account, outstanding checks, ATM withdrawals, ATM payments or any other withdrawals (including any from previous months) which are listed in your register but not shown on your statement.

ENTER

A. The ending balance
shown on your statement \$

ADD

B. Any deposits listed in your register or transfers into your account which are not shown on your statement.	\$ _____
	\$ _____
	\$ _____
	+ \$ _____

..... TOTAL \$

CALCULATE THE SUBTOTAL

(Add Parts A and B)

..... TOTAL \$ _____

SUBTRACT

C. The total outstanding checks and withdrawals from the chart above - \$

CALCULATE THE ENDING BALANCE

(Part A + Part B - Part C)

This amount should be the same as the current balance shown in your check register

\$ _____

093086



Goliath Ventures Inc. DIP [OPERATING]

Case No. 26-13176-RAM

WELLS FARGO Account No. ending 3868

To/From	Manner	Description	Date	Debit	Credit	Balance
ADP	Check 88044370	Inv. 7453914-00 CR	5/5/2026	\$ -	\$ 100.97	\$ 100.97
Wealth MD, LLC	Wire transfer from MB Trust	DE 66 and 74 [turnover]	5/7/2026	\$ -	\$ 141,382.00	\$ 141,482.97
Harland Clarke Checks	Debit	check order	5/12/2026	\$ 49.50	\$ -	\$ 141,433.47
Florida Hospital Foundation Endowment	Wire transfer from MB Trust	AdventHealth [turnover]	5/14/2026	\$ -	\$ 35,000.01	\$ 176,433.48
				\$ 49.50	\$ 176,482.98	

Bank Reconciliation	
Bank statement balance	\$ 176,433.48
add deposits	\$ -
less outstanding items	\$ -
Check book balance	\$ 176,433.48