


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

FILED
Jun 21, 1999 8:00 am
Secretary of State

06-21-1999 90006 015 ***558.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000024467

1. Corporation Name
G.O.D. INTERNATIONAL TRADING COMPANY INC.



Principal Place of Business 7349 N.W. 54TH ST. MIAMI FL 33166	Mailing Address 7349 N.W. 54TH ST. MIAMI FL 33166
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/18/1997

2. Principal Place of Business 21 10350 SW 64 STREET	2a. Mailing Address 26 10350 SW 64 STREET
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4. FEI Number 65-0736183	Applied For Not Applicable
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22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 City & State MIAMI FLORIDA	28 City & State MIAMI FLORIDA
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6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 Zip 33173	25 Country USA	29 Zip 33173	30 Country USA
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8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

OTERO, GISELA C
7349 N.W. 54TH ST.
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	10350 SW 64 STREET
83	
84 City	MIAMI
85 Zip Code	FL 33173

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTERO, GISELA	1.2 NAME	
STREET ADDRESS	7349 N.W. 54TH ST.	1.3 STREET ADDRESS	10350 SW 64 ST
CITY-ST-ZIP	MIAMI FL 33166	1.4 CITY-ST-ZIP	MIAMI FLORIDA
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTERO, ERNESTO	2.2 NAME	
STREET ADDRESS	7349 NW 54 ST	2.3 STREET ADDRESS	10350 SW 64 STREET
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FLORIDA
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 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, with all other like empowered.

SIGNATURE: *Gisela C. Otero* Date: 6/10/99 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)