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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT #

1. Corporation Name



L06382

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90216 016 ***150.00

GOLDEN	i gate international,	INC.				,			
Principal Place of Business Mailing Address							E 10071014 DES 20479 BESON ESSON SOSSO ISON DEDIC	BLOSS BIBNI ASBIN DI	INII 01011 IANI
% BO-YU LAO P.O. BOX 1807 4949 INTERNATIONAL DRIVE, #FC3 OCALA FL 34478-1807 ORLANDO FL 32819 US						3.	DO NOT WRITE IN THIS Date Incorporated or Qualifed 08/01/1989	3 SPACE	
2. Principal P	lace of Business	2a. Mailing Address	Mailing Address			4.	FEI Number	Apr	plied For
21	26			_			59-2980825		Applicable
Suite, Apt. #, etc. Suite, /			, Apt. #, etc.			5.	Certificate of Status Desired	\$8.75 A	
City & State City & State							Election Campaign Financing	\$5.00	May Be
23	28						Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Zip Coun			8.	This corporation owes the current year In		_ 1
24	25 29 30				T crossian : Tepersy :				□No
	9. Name and Address of Cur	rent Registered Agent		81	Name	10.	Name and Address of New Registered	Agent	
4949 INTERNATIONAL DRIVE, #FC-3 ORLANDO FL 32819				82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code					
				84	City		Fl	85 Zip C	JOGB
office or r	to the provisions of Sections 607. egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such change w	as authorized	J DV	tne corpo	corporatio oration's b	n submits this statement for the purpose o oard of directors. I hereby accept the appo	f changing its intment as reg	registered gistered
SIGNATURE			niore 'o		1 -l 1		reinstating) DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 12 OFFICERS AND DIRECTORS 13.					it signature re		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12. TITLE	OFFICERS AND DIRECTORS 13.			TI F	7		ADDITIONO OF PARCE TO STATE OF A	Change	Addition
NAME	LAO. BO-YU								
STREET ADDRESS	ACCOUNTY OF THE PROPERTY OF TH				ADDRESS	, gr		•	
	. mmonum 0 El			4 CITY-ST-ZIP			34788		
CITY-ST-ZIP	PDST DELETE 21TI						☐Change ☑ Ad		Addition
NAME	LIAO. PAI-CHUN 22N							-	^
STREET ADDRESS	TAGG PAIDWAY DD			STREET ADDRESS			_		
CITY-ST-ZIP				aty-S	34788				
TITLE		☐ DELET		_				Change	Addition
NAME			3.2 N	AME					
STREET ADDRESS			3.3 S	TREET	ADDRESS				

3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE [] Change ☐ Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 3. J. A. 13 6.4 CITY-ST-ZIP 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 writtrall other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-99

407-363-0249

Daytime Phone