

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

FILED

May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M34732 (1)

1. Corporation Name  
GOLD COAST CASTING, INC.

Principal Place of Business  
685 N. STATE ROAD 7  
HOLLYWOOD FL 33021

Mailing Address  
685 N. STATE ROAD 7  
HOLLYWOOD FL 33021-6206



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/03/1986		3a. Date of Last Report 05/01/1996	
21	Subc. Apt. #, etc.	26	Subc. Apt. #, etc.	4. FEI Number 65-0056594		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent BEVERLY JEAN OVIATT 6043 KIMBERLY BLVD., STE S 6043 KIMBERLY BLVD. SUITE T NORTH LAUDERDALE FL 33068				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	<input type="checkbox"/> DELETE		11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GUTIERREZ, GERARDO			12 NAME			
STREET ADDRESS	6138 MONROE ST.			13 STREET ADDRESS			
CITY - ST - ZIP	HOLLYWOOD FL			14 CITY - ST - ZIP			
TITLE	S	<input type="checkbox"/> DELETE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ESTRADA, ILEANA G			22 NAME			
STREET ADDRESS	6138 MONROE ST.			23 STREET ADDRESS			
CITY - ST - ZIP	HOLLYWOOD FL			24 CITY - ST - ZIP			
TITLE	P	<input type="checkbox"/> DELETE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GUJARDO, LUIS			32 NAME			
STREET ADDRESS	685 N. ST. RD. 7			33 STREET ADDRESS			
CITY - ST - ZIP	HOLLYWOOD FL			34 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GUTIERREZ, ROMAN			42 NAME			
STREET ADDRESS	685 N. ST. RD. 7			43 STREET ADDRESS			
CITY - ST - ZIP	HOLLYWOOD FL			44 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY - ST - ZIP				54 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY - ST - ZIP				64 CITY - ST - ZIP			

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:

GERARDO GUTIERREZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 966-9630

CR2E034 (9/96)