

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000071566 (1)**

1. Corporation Name

GOLDEN COAST ENTERPRISES COMPANY



Principal Place of Business

6299 W SUNRISE BLVD
SUITE 205
SUNRISE FL 33318
US

Mailing Address

6299 W SUNRISE BLVD
SUITE 205
SUNRISE FL 33318
US

2. Principal Place of Business

21 **8750 N.W. 38th ST.**

2a. Mailing Address

26 **8750 N.W. 38th ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 356**

27 **Suite 356**

City & State

City & State

23 **SUNRISE FL**

28 **SUNRISE FL**

Zip

Country

Zip

Country

24 **33351**

25 **BROWARD**

29 **33351**

30 **BROWARD**

9. Name and Address of Current Registered Agent

LANG, YU
6299 W SUNRISE BLVD
SUNRISE FL 33318

3. Date Incorporated or Qualified

09/29/1994

3a. Date of Last Report

02/24/1995

4. FET Number

65-0524982

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

LANG, YU

82

Street Address (P.O. Box Number is Not Acceptable)

8750 N.W. 38th ST. #356

83

84

City

SUNRISE

FL

85 Zip Code

33313

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 resigning)

3/8/1996
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D LANG, YU**
STREET ADDRESS **6299 W SUNRISE BLVD., STE 205**
CITY - ST - ZIP **SUNRISE FL**

TITLE ☐ DELETE

NAME **D LANG, NING**
STREET ADDRESS **6299 W SUNRISE BLVD**
CITY - ST - ZIP **SUNRISE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **VP LANG, YU**
1.3 STREET ADDRESS **8750 N.W. 38th ST. STE 356**
1.4 CITY - ST - ZIP **SUNRISE, FL, 33351**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **P LANG, NING**
2.3 STREET ADDRESS **8750 N.W. 38th ST. STE 356**
2.4 CITY - ST - ZIP **SUNRISE, FL, 33351**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: ☒

Signature and typed or printed name of signing officer or director

LANG, YU, VP

3/8/1996

954-572-5018

CR2E034 (12/95)