May 03, 1999 8:00 am Secretary of State

05-03-1999 90072 012 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000023937

STREET ADDRESS

GOLD C	oast international tr <i>i</i>	ADING CORP.			
Principal Place	e of Rusiness	Mailing Address			19 0 11000 1919 0 10100 11111 1001 1981
10671 S.W. 27T DAVIE FL 33328	H ST.	10671 S.W. 27TH ST. DAVIE FL 33328		DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualifed 03/24/1995	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number 65-0567609	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u> </u>	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year Personal Property Tax.	Intangible XYes □No
24	25 Curren		30	10. Name and Address of New Registers	
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Incgisions	- Agom
BEJE	ENARU, IONEL		20 01 1011	(D.O. D. N. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
10671 S.W. 27TH STREET			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
DAVI	E FL 33328		83		
			84 City		. 85 . Zip Code
	-				L 83 Zip Gods
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	thorized by the comoratii	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE		Alore		DATE	
12.	Signature, typed or printed name of registered age	ID DIRECTORS	Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	DP CITIED NO ALL	☐ DELETE	1.1 TITLE	, bentended in the zero extraction	☐ Change ☐ Addition
NAME	BEJENARU, IONEL		1.2 NAME		
STREET ADDRESS	10671 S.W. 27TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL		1.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Cretu, George		2.2 NAME		}
STREET ADDRESS	10671 S.W. 27TH STREET		2.3 STREET ADDRESS		
CITY+ST-ZIP	DAVIE:FL	٠	2.4 CITY-ST-ZIP	the second of th	
TITLE	* 44	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	organization		3.2 NAME		
STREET ADDRESS	·		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		COL CAdii
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZiP		□ DELPTP	4.4 CITY-ST-ZIP	····	Change Addition
TITLE		☐ DELETE	5.1 TITLE		
NAME			5.2 NAME 5.3 STREET ADDRESS	•	·
STREET ADDRESS			5.4 CITY-ST-ZIP	•	
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE		_ >====	6.2 NAME		_ , _

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 of truetee 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.

6.3 STREET ADDRESS

SIGNATURE