

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

0032422

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P95000091473 (5)

1. Corporation Name
GOLD COAST METAL RECYCLING INC.

Principal Place of Business
 2371 N.W. 147TH ST.
 OPA LOCKA FL 33054
 US

Mailing Address
 2371 N.W. 147TH ST.
 OPA LOCKA FL 33054
 US

2. Principal Place of Business

21 Same
 Suite, Apt #, etc. AS
 22 City & State ABOVE
 23 Zip Country
 24 1

2a. Mailing Address

26 Same
 Suite, Apt #, etc. AS
 27 City & State ABOVE
 28 Zip Country
 29 1

9. Name and Address of Current Registered Agent

ABORAFIA, SCOTT
2300 WEST COPANS ROAD
POMPANO BEACH FL 33069

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 *Scott Aborafia*
 Signature, typed or printed name of registered agent and, if applicable

(Note: Registered Agent signature required when re-registering)

DATE 3/2/99

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	SCHIANO, FRANK JR.	
STREET ADDRESS	3220 BAY VIEW DR., #315	
CITY-ST-ZIP	FT. LAND 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Change	Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	Change	Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	Change	Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	Change	Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	Change	Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	Change	Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

400002201394
 -03/10/99-01102-000
 *****000*****000

99 MAR -4 AM 10:57
 STATE OF FLORIDA
REINSTATEMENT 98-99-
 SPACE

3. Date Incorporated or Qualified
 11/29/1995

4. FEI Number
 65-0628895

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent

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.

SIGNATURE: *Frank Schiano* 3/2/99 (305) 686-2707

CR2E034 (5/98)