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

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90019 036 ***150.00

DOCUMENT # P96000043864 1. Corporation Name	
GAMA TRADING, INC.	

GAMA TE	RADING, INC.							
Principal Place	of Business	Mailing Address				iri Sarir Amiri mini		
21310 NE 19TH AVENUE 21310 NE 19TH AVENUE MIAMI FL 33179 MIAMI FL 33179			DO NOT WRITE IN THIS SPACE					
-			- .		3. Date Incorporated or Qualifed			
					05/15/1996			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			plied For
21		26			65-0676319			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A	I
22		27						
City & State City & State					6. Election Campaign Financing		\$5.00	
23		28	-		Trust Fund Contribution		Added to	3 rees
Zip	Country	Zip	Country	•	8. This corporation owes the cur		igibie ∐Yes	
24	25	29 30	91		Personal Property Tax. 10. Name and Address of New			
	9. Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of New	togiotorou 11	,	
SIGN	IL, ISAAC		L.					
	O NE 19TH AVENUE		82	Street Add	tress (P.O. Box Number is Not Accept	able)		
	IAMI BEACH FL 33179		83	-	<u></u>			
14. 141	IAMI DEACHTE 33179		03					
			84	City		FL	85 Zip C	Code
office or r agent. I a SIGNATURE	m familiar with, and accept the oblig	gations or, Section 607.0303, Fibrio	a Statutes		poration submits this statement for the ion's board of directors. I hereby acce red when reinstating)	pt the appoint	ment as re	jistered .
	Signature, typed or printed name of registered as	AND DIRECTORS	13.	nt organization require	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12
12.	PSD	DELETE	1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Change	Addition
NAME	SIGAL, ISAAC		1.2 NAME					
STREET ADDRESS	21310 NE 19TH AVENUE		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	N. MIAMI BEACH FL 33179		1.4 CITY-5	ST-ZIP				
TITLE	14. MIAMI BEACTITE COTTS	☐ DELETE	2.1 TITLE				Change	. Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	T ADDRESS				
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	TADORESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME		~	4. 2 NAME		-		ب ب. ماد م	
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-3	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME			5.2 NAME				;	
STREET ADDRESS			5.3 STREE	TADDRESS			•	
CITY-ST-ZIP			5.4 CITY-					A Julius -
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME	!		6.2 NAME	i				•
STREET ADDRESS	3			TADORESS				
1	1		64 CITY.	er. 710				

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 trastee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if challed or of an attachment with an address, with all other like empowered.

SIGNATURE: