

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  
Jun 09, 1999 8:00 am  
Secretary of State

06-09-1999 90020 006 \*\*\*150.00

DOCUMENT # P.97-000038311

1. Corporation Name

GO TRADING ~~CORP.~~ - SERVICES, COY.

Principal Place of Business

Mailing Address

19932 N.E. 5<sup>th</sup> CT #2  
MIAMI, FL. 33179.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4-30-97

Applied For

Not Applicable

2. Principal Place of Business

19932 N.E. 5<sup>th</sup> CT #2

2a. Mailing Address

SAME

4. FEI Number

65-0748452

Suite, Apt. #, etc.

# 2

Suite, Apt. #, etc.

SAME

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

MIAMI FL.

City & State

SAME

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

33179

Country

DADE

Zip

30

Country

30

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

ANA D. ARRES  
4080 SW 84 Ave  
MIAMI FL. 33155

10. Name and Address of New Registered Agent

81 Name

MARISA MATTASSI

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

19932 N.E. 5<sup>th</sup> CT. #2

83

84 City

MIAMI

FL

85 Zip Code

33179

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 *Marisa Mattassi*

(NOTE: Registered Agent signature required when reinstating)

DATE

5/24/99

12. OFFICERS AND DIRECTORS

TITLE P  
NAME MARISA MATTASSI ☐ DELETE  
STREET ADDRESS 19932 N.E. 5<sup>th</sup> CT. #2  
CITY-ST-ZIP MIAMI FL. 33179

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

*Marisa Mattassi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/24/99

Date

(305) 650-9665

Daytime Phone #

CR2E034 (11/98)