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 # P97000041296

GOLD COAST AIKIKAI, INC.

Principal Place of Business

Mailing Address

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90028 001 ***150.00



4820 S.V MIAMI FI	75 AVENUE 4820 S.W. 75 AVENUE 33155 MIAMI FL 33155				DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed 05/05/1997				
2. Princ	Principal Place of Business 2a. Mailing Address				4. FEI Number	17	Applied For		
21	27 4144 SW 74 CONFT 26 4144 SW 74 CONF				65-0763780		Not Applicable		
Suite	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired				
City .	City & State City & State				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees		
Zip 24	33185 [25] USA [29] Zip33155 [30]			SA	This corporation owes the current year Intan Personal Property Tax.	gible ⊒Yes	39 00		
241	9. Name and Address of Current Registered Agent	1301	, - -		10. Name and Address of New Registered Ac				
├ ─ ─ <u></u>	a. Home and Madedoo of wallant Indignation Might		81	Name	· · · · · · · · · · · · · · · · · · ·	,,			
]	AZCOITIA, MAITE ESQ. 115 SOUTH ANDREWS AVENUE SUITE 423								
}					dress (P.O. Box Number is Not Acceptable)				
[]	FORT LAUDERDALE FL 33301		83						
{	TOTAL ELECTION AND THE PROPERTY OF THE PROPERT	į	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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							 - j		
12.	OFFICERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12		
TITLE	P DELETE	1.1 Till	πE] Change	Addition		
NAME !	DUMLAO, MARIA C	1.2 NA	ME	ļ			ļ		
STREET AD	DRESS 10933 S.W. 70 TERRACE	1.3 ST	REET A	DDRESS			}		
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NAME		6.2 NA	ME])		
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CITY-ST-ZII	p !	6.4 CIT	ry-ST-Z	OP {			}		
14. I he	reby certify that the information supplied with this filing does not qualify fo	r the exen	nption	stated in Sec	ction 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR