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 Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90245 030 ***150.00

DOCUMENT #	P97000067501

1. Corporation Name

GOLDCO TRADING CORP.

Princ	ipal I	lace	Of E	iusine
		. 		

CITY-ST-ZIP

Mailing Address



21708 MARIGOT DRIVE BOCA RATON FL 33428	21708 MARIGOT DRIVE BOCA RATON FL 33428	DO NOT WRITE IN THIS SPACE
	·	3. Date incorporated or Qualifed 08/04/1997
2. Principal Place of Business 21 1904 Players Place	2a. Mailing Address 26 / 904 Players P	4. FEI Number APPLIED FOR 65 - 08 41983 Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired \$8.75 Additional Fee Required
City & State / acdedale, Fl.	City & State 28 North (audorda) o	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 3068 25 U.S.A	Zip Country 29 33068 30 U	. S. A. Personal Property Tax.
9. Name and Address of Current		10. Name and Address of New Registered Agent
BONNER, LAWRENCE	81	
100 SE 2ND STREET	82	
34TH FLOOR Miami FL 33131	83	
	. 84	FL
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent Lam familiar with and accept the obligation	f Florida. Such change was authorized by	ve-named corporation submits this statement for the purpose of changing its registered y the corporation's board of directors. I hereby accept the appointment as registered s.

agam. ra	in talkindar withing talking according to the control of the contr	•					
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	e /NOTE: Re	gistered Agent signature r	equired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.		GES TO OFFICERS	AND DIRECTOR	S IN 12
TITLE	D	☑ DELETE	1.1 TITLE	President		☐ Change	Addition
NAME	GOLDMAN, SAMMY J		1.2 NAME	Baugh, Deron 1904 Players North Lauders			
STREET ADDRESS	21708 MARIGOT DRIVE		1.3 STREET ADDRESS	1904 Players	Place		
CITY-ST-ZIP	BOCA RATON FL 33428		1.4 CITY-ST-ZIP	North / audor	tale Fl. 3	33068	
TITLE	DOCA INTOITE GOTES	☐ DELETE	2.1 TITLE	NOTTE CANADAS		☐ Change	☐ Addition
NAME .	•		2.2 NAME		•		
·			2.3 STREET ADDRESS	·			
STREET ADDRESS			2. 4 CITY-ST-ZIP				
CITY-ST-ZIP		DELETE	3.1 TITLE			Change	Addition
TITLE	•	C. Secrete				<u></u>	_
NAME .	•		3.2 NAME				
STREET ADDRESS		÷	3.3 STREET ADORESS		_		_
CITY-ST-ZIP			3.4. CITY-ST-ZIP			☐ Change	Addition
TITLE		☐ DELETE	4.1 TITLE			€ Cilarige	☐ Addition
NAME .			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADORESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAMÉ				
STREET ADDRESS	Charles & Seess Town Town		5.3 STREET ADDRESS				
CITY-ST-ZIP	DIED EVERTHER EN DE LEE Betoen beste kommen en mennem		5.4 CITY-ST-ZIP				
TITLE	• • •	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME	Spiriture of Graph A. A.		6.2 NAME				
STREET ADDRESS	र्ष		6.3 STREET ADDRESS	1			

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.

6.4 CITY-ST-ZIP

SIGNATURE