

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 328289

(4)

95 JAN 30 AM 10:34

1. Corporation Name

SURFCAOST CORP. INC.

Principal Place of Business

C/O OSCAR BROOKS, CPA
530 BOULEVARD
KENILWORTH NJ 07033

Mailing Address

C/O OSCAR BROOKS, CPA
530 BOULEVARD
KENILWORTH NJ 07033

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/02/1968

3a. Date of Last Report

05/13/1994

4. FEI Number

59-1212047

Applied For

Not Applicable

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 9814 COLLINS AVE

2a. Mailing Address

26 SATIE

Suite, Apt. #, etc.

22 #9

Suite, Apt. #, etc.

27 #9

City & State

23 SURFSIDE FL.

City & State

28

Zip Country

24 33154

Zip Country

29

Country

30

9. Name and Address of Current Registered Agent

LEFF, S.
1367 N.E. 162ND ST.
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	PASCHOLD, H.W.
STREET ADDRESS	708 CRESTA ALTA DR
CITY - ST - ZIP	EL PASO TX
TITLE	DS
NAME	PASCHOLD, F.
STREET ADDRESS	341 SHORT DR.
CITY - ST - ZIP	MOUNTAINSIDE NJ
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	220 THUNDERBIRD DR
1.4 CITY - ST - ZIP	EL PASO TX 79911
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HELMUT W. PASCHOLD, PRES.

Date

1/21/95 (915) 584-8064

(Optional) Phone #