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Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 349269 (1)
1. Corporation Name
GOLD COAST BEVERAGE DISTRIBUTORS, INC.



Principal Place of Business: 3325 NW 70TH AVENUE MIAMI FL 33122
Mailing Address: 3325 NW 70TH AVENUE MIAMI FL 33122-1332

3. Date Incorporated or Qualified: 07/10/1969
3a. Date of Last Report: 04/25/1996
4. FEI Number: 59-1264956
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 State Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name: ROSS M. LEVIN
82 Street Address (P.O. Box Number is Not Acceptable): 3325 N.W. 70TH AVENUE
83
84 City: MIAMI FL 85 Zip Code: 33122

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: *Ross M. Levin* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	OLSON, WILLIAM T	
STREET ADDRESS	1751 NW 12 AVE	
CITY-STATE-ZIP	POMPANO BEACH FL 33069	
TITLE	DM	<input checked="" type="checkbox"/> DELETE
NAME	SAKIN, CRAIG H	
STREET ADDRESS	115 EAST PUTNAM AVE.	
CITY-STATE-ZIP	GREENWICH CT	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCDONNELL, RUSSELL	
STREET ADDRESS	115 EAST PUTNAM AVE.	
CITY-STATE-ZIP	GREENWICH CT	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLOOM, BRADLEY	
STREET ADDRESS	ONE BOSTON PLACE, SUITE 3425	
CITY-STATE-ZIP	BOSTON MA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CALLAHAN, KEVIN	
STREET ADDRESS	ONE BOSTON PLACE, SUITE 3425	
CITY-STATE-ZIP	BOSTON MA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, MAYDA	
STREET ADDRESS	3325 NW 70TH AVENUE	
CITY-STATE-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DON B. SHAWER	
1.3 STREET ADDRESS	1751 N.W. 12TH AVE.	
1.4 CITY-STATE-ZIP	POMPANO BEACH, FL.	
2.1 TITLE	CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Stephen A. Levin	
2.3 STREET ADDRESS	44 Coconut Row, Ste T-8	
2.4 CITY-STATE-ZIP	Palm Beach, FL 33480	
3.1 TITLE	Treasurer, ASST. SECY, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Martin Sweren	
3.3 STREET ADDRESS	44 Coconut Row, Ste T-8	
3.4 CITY-STATE-ZIP	Palm Beach, FL 33480	
4.1 TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Alan Fine	
4.3 STREET ADDRESS	3325 NW 70 Avenue	
4.4 CITY-STATE-ZIP	Miami, FL 33122	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ROSS M. LEVIN	
6.3 STREET ADDRESS	3325 NW 70 Avenue	
6.4 CITY-STATE-ZIP	Miami, FL 33122	

14. I do 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.

SIGNATURE: *Martin Sweren* MARTIN SWEREN 4/15/97 561/835-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Mo/Year) Phone #

CR2E034 (9/96)