

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90055 011 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 349269

1. Corporation Name
GOLD COAST BEVERAGE DISTRIBUTORS, INC.



Principal Place of Business
3325 NW 70TH AVE
MIAMI FL 33122
US

Mailing Address
44 COCOANUT ROW
SUITE T-8
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

3. Date Incorporated or Qualified
07/10/1969

4. FEI Number
59-1264956

5. Certificate of Status Desired Applied For
 Not Applicable **\$8.75** Additional Fee Required--

6. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
ROSS M. LEVIN
3325 N.W. 70TH AVE.
MIAMI FL 33122

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	STEPHEN A. LEVIN	
STREET ADDRESS	44 COCONUT ROW, STE T-8	
CITY-ST-ZIP	PALM BCH FL	
TITLE	TASD	<input type="checkbox"/> DELETE
NAME	MARTIN SWEREN	
STREET ADDRESS	44 COCONUT ROW, STE T-8	
CITY-ST-ZIP	PALM BCH FL	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, ALFONSO G	
STREET ADDRESS	3325 NW 70 AVE.	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DON B. SHAVER	
STREET ADDRESS	1751 N.W. 12TH AVE.	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROSS M. LEVIN	
STREET ADDRESS	3325 NW 70 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PRESIDENT
4.3 STREET ADDRESS	ARTHUR FRIEDMAN
4.4 CITY-ST-ZIP	1751 N.W. 12TH AVE. POMPANO BEACH, FL 33088
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ Date: **2/1/99** Daytime Phone #: **561/835-3600**

CR2E034 (1/98)