

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **454465** (6)
1. Corporation Name
GOLD COAST TRAVEL AGENCY CORPORATION, INC.



Principal Place of Business
**19056 N.E. 29TH AVENUE
NORTH MIAMI BEACH FL 33180
US**

Mailing Address
**19056 N.E. 29TH AVENUE
NORTH MIAMI BEACH FL 33180
US**

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 **06/10/1974**
3a. Date of Last Report **05/16/1995**
4. FEI Number **59-1546626**
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

9. Name and Address of Current Registered Agent

**SHEROTA, RHEA
19056 NORTHEAST 29TH AVENUE
NORTH MIAMI BEACH FL 33180**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0602 and 607.0604, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to execute this statement

Signature of the person who is authorized to execute this statement

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	SHEROTA, RHEA	
STREET ADDRESS	510 LAKE VIEW ST.	
CITY-STATE-ZIP	MIAMI BEACH FL	
TITLE	VP	☐ DELETE
NAME	SHEROTA, MICHAEL	
STREET ADDRESS	19056 NE 29TH AVENUE	
CITY-STATE-ZIP	NORTH MIAMI BEACH FL	
TITLE	S	☐ DELETE
NAME	SLOTT, RITA	
STREET ADDRESS	5601 COLLINS AVE N.	
CITY-STATE-ZIP	MIAMI BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	☐ Change ☐ Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	☐ Change ☐ Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	☐ Change ☐ Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	☐ Change ☐ Addition

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 or on an attachment or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Sherota
Michael Sherota - Vice-President

4-24-96

305-935-9115

CR2E034 (12/95)