FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

[illegible] PM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F89743** **(1)**

1. Corporate Name

GOLD COAST HAULING, INC.

Principal Business Address

10000 W BAY HARBOR DR
APT #525
BAY HARBOR FL 33154

Mailing Address

10000 W BAY HARBOR DR
APT #525
BAY HARBOR FL 33154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/26/1982	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2209936	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 validly elected to be taxed under Subchapter S of the Internal Revenue Code and Florida Statutes: ☐ Yes ☑ No	

21 Principal Place of Business
22 Suite, Apt. #, etc.
23 City & State
24 [illegible]
25 [illegible]

26 Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 [illegible]
30 [illegible]

9. Name and Address of Current Registered Agent

FINE, MARC, C.P.A.
8350 N.W. 52ND TERRACE, SUITE #301
MIAMI FL 33166

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 617.1908, 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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: DP NAME: MAYANI, GIDEON STREET ADDRESS: 10000 W. BAY HARBOR DR., #525 CITY-ST-ZIP: BAY HARBOR FL	☐ Change ☐ Addition
TITLE: STD NAME: WOSKOW, MELINDA STREET ADDRESS: 10000 W. BAY HARBOR DRIVE, #525 CITY-ST-ZIP: BAY HARBOR FL	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 above, or on an attachment with an asterisk.

SIGNATURE: [signature] 5-16-95 305-861-8001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MELINDA WOSKOW

0163078 CP