SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **G18882** **(2)**

1. Corporation Name
GOLD COAST INTERIORS, INC.

Principal Place of Business
11061 SW 30TH COURT
DAVIE FL 33328

Mailing Address
11061 SW 30TH COURT
DAVIE FL 33328

3. Date Incorporated or Qualified: **01/14/1983**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 10462 N.W. 31 Terr.
Suite, Apt. #, etc.
22 —
City & State
23 Miami, FL
Zip 24 33172 Country 25 USA

2a. Mailing Address
26 10462 N.W. 31 Terr.
Suite, Apt. #, etc.
27 —
City & State
28 Miami, FL
Zip 29 33172 Country 30 USA

4. FEI Number: **59-2308812** 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

9. Name and Address of Current Registered Agent
SALAMIDA, BARBARA
11061 S.W. 30TH CT.
DAVIE FL 33328

10. Name and Address of New Registered Agent
81 Name: Marty Salamida
82 Street Address (P.O. Box Number is Not Acceptable): 10462 N.W. 31 Terrace
83
84 City: Miami FL 85 Zip Code: 33172

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] Marty Salamida 6-6-96
Signature of typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	SALAMIDA, MARTY	
STREET ADDRESS	11061 S.W. 30TH CT.	
CITY-ST-ZIP	DAVIE FL	
TITLE	ST	☐ DELETE
NAME	SALAMIDA, BARBARA	
STREET ADDRESS	11061 S.W. 30TH CT.	
CITY-ST-ZIP	DAVIE FL	
TITLE	VP	☐ DELETE
NAME	Anthony J. Pisone	
STREET ADDRESS	11846 S.W. 90 Terrace	
CITY-ST-ZIP	Miami, FL 33186	
TITLE	VP	☐ DELETE
NAME	Gil J. Newman	
STREET ADDRESS	1065 Santa's Key	
CITY-ST-ZIP	Fort Lauderdale, FL 33306	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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		
1.4 CITY-ST-ZIP		
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	900001884769	☐ Change ☐ Addition
6.2 NAME	-07/05/96--01031--011	
6.3 STREET ADDRESS	***233.75	
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Marty Salamida 6-6-96 (305) 994-7369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

CS 7/3/96

0155774 FP