SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 21 AM 10:51

DOCUMENT # **M87548** **(7)**

1. Corporation Name
GOLD COAST WAREHOUSE, INC.

Principal Place of Business	Mailing Address
% RENE V. MURAI 25 S.E. SECOND AVE. #900 MIAMI FL 33131	C/O RAY FIELD & LACATA (CPA'S) 354 EISENHOWER PARKWAY LIVINGSTON NJ 07039 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified: 06/29/1988	3a. Date of Last Report: 06/29/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 65-0069944	Applied For ☐ Not Applicable ☐
City & State 23	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	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	10. Name and Address of New Registered Agent
MURAI, RENE V. 25 S.E. SECOND AVE. SUITE 900 MIAMI FL 33131	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	DOLZ, JUANLLADRO	12 NAME		
STREET ADDRESS	2100 N.W. 88TH CT.	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	DS	21 TITLE		☐ Change ☐ Addition
NAME	MONTANANA, JUAN GARCIA	22 NAME		
STREET ADDRESS	2100 N.W. 88TH CT.	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	VP	31 TITLE		☐ Change ☐ Addition
NAME	DELPORTILLO, SANTIAGO	32 NAME		
STREET ADDRESS	TAVERNES BLANQUES	33 STREET ADDRESS		
CITY ST ZIP	VALENCIA, SPAIN	34 CITY-ST-ZIP		
TITLE	T	41 TITLE	SENIOR FINANCIAL OFFICER	☒ Change ☐ Addition
NAME	CAVALIERE, MICHAEL	42 NAME	BUCCI, RALPH	
STREET ADDRESS	354 EISENHOWER PARKWAY	43 STREET ADDRESS	354 EISENHOWER PARKWAY	
CITY ST ZIP	LIVINGSTON NJ	44 CITY-ST-ZIP	LIVINGSTON, NJ	
TITLE	AS	51 TITLE		☐ Change ☐ Addition
NAME	VALLES, FRANCISCO	52 NAME		
STREET ADDRESS	TAVERNES BLANQUES	53 STREET ADDRESS		
CITY-ST-ZIP	VALENCIA, SPAIN	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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: _____ June 8th, 1995 (201)807-1177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0178750 FP