

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified

06/29/1988

3a. Date of Last Report

06/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FET Number

65-0069944

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

24

25

29

30

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME PD
DOLZ, JUANLLADRO
STREET ADDRESS 2100 N.W. 88TH CT.
CITY-ST-ZIP MIAMI FL

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

Tavernes Blanques
Valencia, Spain

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME DS
MONTANANA, JUAN GARCIA
STREET ADDRESS 2100 N.W. 88TH CT.
CITY-ST-ZIP MIAMI FL

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

Tavernes Blanques
Valencia, Spain

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME VP
DELPORTILLO, SANTIAGO
STREET ADDRESS TAVERNES BLANQUES
CITY-ST-ZIP VALENCIA, SPAIN

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME S
BUCCI, RALPH
STREET ADDRESS 354 EISENHOWER PARKWAY
CITY-ST-ZIP LIVINGSTON NJ

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME AS
VALLES, FRANCISCO
STREET ADDRESS TAVERNES BLANQUES
CITY-ST-ZIP VALENCIA, SPAIN

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph E. Bucci Secretary

3/21/96

201-807-1177

DATE

DAYTIME PHONE #

CR2E034 (12/95)