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May 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P92000013220 (8)

1. Corporation Name  
GOLDCOAST PARTNERS PROPERTIES INC.



Principal Place of Business

2720 CORAL WAY  
FOURTH FLOOR  
MIAMI FL 33145

Mailing Address

2720 CORAL WAY  
FOURTH FLOOR  
MIAMI FL 33145-3202

3. Date Incorporated or Qualified  
12/18/1992

3a. Date of Last Report  
08/08/1996

2. Principal Place of Business

21 801 HARBOR DR

Suite, Apt. #, etc.

22 City & State  
23 KEY BISCAYNE FL

24 Zip  
33149

25 Country  
DADE

2a. Mailing Address

26 801 HARBOR DR

Suite, Apt. #, etc.

27 City & State  
28 KEY BISCAYNE FL

29 Zip  
33149

30 Country  
DADE

4. FEI Number  
65-0383810

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

LONDON, SHELDON M  
9301 S.W. 94TH PLACE  
MIAMI FL 33176

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME ALBERNI, JOSE G  
STREET ADDRESS 891 WARREN LANE  
CITY-ST-ZIP KEY BISCAYNE FL

TITLE DT ☐ DELETE

NAME BLANCO, FRANCISCO  
STREET ADDRESS 6801 S.W. 75TH AVENUE  
CITY-ST-ZIP MIAMI FL

TITLE DS ☐ DELETE

NAME DEL ROSAL, JORGE L JR  
STREET ADDRESS 9400 OLD CUTLER LANE  
CITY-ST-ZIP CORAL GABLES FL

TITLE DV ☐ DELETE

NAME GARCIA, JOSE M  
STREET ADDRESS 13720 S.W. 92ND AVENUE  
CITY-ST-ZIP MIAMI FL

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 DP ALBERNI, JOSE G.  
1.3 STREET ADDRESS 801 HARBOR DR  
1.4 CITY-ST-ZIP KEY BISCAYNE FL

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 ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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: JOSE G. ALBERNI 4/28/97 3053615221

CR2E034 (9/96)