

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 10 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000056465 (6)**

1. Corporation Name

**COAST TO COAST REPAIR AND MAINTENANCE SERVICE, C O.**

Principal Place of Business

**6215 SW KENDALE LAKES CIR.  
STE. E-174  
MIAMI FL 33183**

Mailing Address

**6215 SW KENDALE LAKES CIR.  
STE. E-174  
MIAMI FL 33183-1048**

3. Date Incorporated or Qualified <b>08/09/1993</b>	3a. Date of Last Report <b>04/04/1996</b>
4. FEI Number <b>65-0426522</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 <b>PO Box 832155</b>
22 City & State	27
23 Zip	28 <b>Miami, FL</b>
24 Country	29 <b>33283</b>
25	30 <b>U.S.A</b>

9. Name and Address of Current Registered Agent

**LOPEZ, MARYLENA  
6215 SW KENDALE LAKES CIR.  
STE. E-174  
MIAMI FL 33183**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 and type of position name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPTS</b>	1.1 TITLE	<b>DPS</b>
NAME	<b>LOPEZ, MARYLENA</b>	1.2 NAME	
STREET ADDRESS	<b>6215 SW KENDALE LAKES CIR.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33183</b>	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	<b>VT</b>
NAME		2.2 NAME	<b>Lopez, Oscar A.</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>6215 SW Kendale Lakes CIR</b>
CITY - ST - ZIP		2.4 CITY - ST - ZIP	<b>Miami, FL 33183</b>
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

*Marylena Lopez*  
Marylena Lopez, President

3/8/97 Date

(305) 382-8001 Daytime Phone

0247061

CR2E034 (9/96)