

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P930000 56465 (6)

1. Corporation Name

COAST TO COAST REPAIR AND
Maintenance Service Co.

Principal Place of Business

8666 SW 161 CT
Miami, FL 33193

Mailing Address

8666 SW 161 CT
Miami, FL 33193

3. Date Incorporated or Qualified
08/09/93

3a. Date of Last Report

4. FEI Number

65-0426522

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

2. Principal Place of Business

21 8666 SW 161 CT

Suite, Apt. #, etc

22

City & State

23 Miami, FL

Zip

24 33193

Country

25

2a. Mailing Address

26 8666 SW 161 CT

Suite, Apt. #, etc

27

City & State

28 Miami, FL

Zip

29 33193

Country

30

9. Name and Address of Current Registered Agent

LOPEZ, MARYLENA

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

8666 SW 161 CT

83

84 City

Miami

FL

85 Zip Code

33193

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

Marylena Lopez

4/8/98

Signed _____ (Not a Registered Agent signature required at reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPS LOPEZ, MARYLENA ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE VT LOPEA, OSCAR A. ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

11 TITLE ☐ Change ☐ Addition

12 NAME ☒

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 President

4/8/98

(305) 382-8001

CR2E034 (9/96)