

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 # P94000029051 (7)

1. Corporation Name

PACIFIC COAST, INC.



Principal Place of Business

17690 N.W. 67TH AVE.
#203
MIAMI LAKES FL 33015

Mailing Address

17690 N.W. 67TH AVE.
#203
MIAMI LAKES FL 33015

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

g. Name and Address of Current Registered Agent

GONZALEZ, JAIME X
17690 N.W. 67TH AVE.
#203
MIAMI LAKES FL 33015

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

04/15/1994

3a. Date of Last Report

08/25/1995

4. FEI Number

65-0488859

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

10. Name and Address of New Registered Agent

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)

(FACSIMILE) Agent signature (if present, when not filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GONZALEZ, JAIME X	
STREET ADDRESS	17690 N.W. 67TH AVE. #203	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	VO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	RAMIREZ, MARCO P.	
3. STREET ADDRESS	17690 NW 67 AVE # 203	
4. CITY-ST-ZIP	MIAMI LAKES FL 33015	
5. TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	GONZALEZ ANDREA M.	
7. STREET ADDRESS	17690 NW 67 AVE # 203	
8. CITY-ST-ZIP	MIAMI LAKES FL 33015	
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. 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: *Jaime X. Gonzalez* **JAIME X. GONZALEZ** **01/18/96** **(305)470-2434**
Signature and typed or printed name of signing officer or director

CR2E034 (12/95)