

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

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra C. Ham Secretary of State DIVISION OF CORPORATIONS
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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 33015-5807
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2. Principal Place of Business 21 8343 LAKE DR Suite, Apt. #, etc. 22 K-103 City & State 23 MIAMI FLORIDA Zip Country 24 33166 USA	2a. Mailing Address 26 8343 LAKE DR Suite, Apt. #, etc. 27 K-103 City & State 28 MIAMI FLORIDA Zip Country 29 33166 USA
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3. Date Incorporated or Qualified 04/15/1994	3a. Date of Last Report 04/09/1996
4. FEI Number 65-0488859	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. 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
	85 Zip Code FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	GONZALEZ, JAIME X	
STREET ADDRESS	17690 N.W. 67TH AVE. #203	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE	VD	
NAME	RAMIREZ, MARCO F	
STREET ADDRESS	17690 NW 67 AVE, #203	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	SD	
NAME	GONZALEZ, ANDREA M	
STREET ADDRESS	17690 NW 67TH AVE, #203	
CITY-ST-ZIP	MIAMI LAKES FL	
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11 TITLE			
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE			
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE			
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE			
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE			
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE			
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: *[Signature]* 04/28/97 (305) 470-2434

CR2E034 (9/96)