

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

**FILED**  
**Apr 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000029051 (7)**  
 1. Corporation Name  
**PACIFIC COAST, INC.**



Principal Place of Business <b>8343 LAKE DR                  K103                  MIAMI FL 33166                  US</b>	Mailing Address <b>8343 LAKE DR                  K103                  MIAMI LAKES FL 33166                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>13850 SW 62 ST</b> Suite, Apt. #, etc. 22 <b>101</b> City & State 23 <b>MIAMI FL</b> Zip 24 <b>33183</b>	2a. Mailing Address 26 <b>13850 SW 62 ST</b> Suite, Apt. #, etc. 27 <b>101</b> City & State 28 <b>MIAMI FL</b> Zip 29 <b>33183</b>	3. Date Incorporated or Qualified <b>04/15/1994</b>	4. FEI Number <b>65-0488859</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Country 25 <b>USA</b>	Country 30 <b>USA</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**GONZALEZ, JAIMÉ X  
 17690 N.W. 67TH AVE.  
 #203  
 MIAMI LAKES FL 33015**

10. Name and Address of New Registered Agent  
 b1 Name **GONZALEZ JAIMÉ X.**  
 b2 Street Address (P.O. Box Number is Not Acceptable)  
**13850 SW 62 ST**  
 b3 **# 101**  
 b4 City **MIAMI** **FL** b5 Zip Code **33183**

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

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>GONZALEZ, JAIMÉ X</b>	
STREET ADDRESS	<b>17690 N.W. 67TH AVE. #203</b>	
CITY - ST - ZIP	<b>MIAMI LAKES FL 33015</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>RAMIREZ, MARCO F</b>	
STREET ADDRESS	<b>17690 NW 67 AVE, #203</b>	
CITY - ST - ZIP	<b>MIAMI LAKES FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>GONZALEZ, ANDREA M</b>	
STREET ADDRESS	<b>17690 NW 67TH AVE, #203</b>	
CITY - ST - ZIP	<b>MIAMI LAKES FL</b>	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I 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 my address.

SIGNATURE: \_\_\_\_\_ **04/10/98** **(305) 994-7812**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0127530

CR2E034 (10/97)