***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 # **P94000057769 (9)**

1. Corporation Name

PACIFIC COAST REALTY HOLDINGS, INC.

Principal Place of Business	Mailing Address
225 W. 21 ST. HIALEAH FL 33010	225 W. 21 ST. HIALEAH FL 33010

3. Date Incorporated or Qualified: **08/04/1994**

3a. Date of Last Report: **08/15/1995**

4. FEI Number: **65-0511314** ☐ 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

2. Principal Place of Business

21 | 22 Suite, Apt. #, etc. | 23 City & State | 24 Zip | 25 Country

2a. Mailing Address

26 | 27 Suite, Apt. #, etc. | 28 City & State | 29 Zip | 30 Country

8. This corporation was subject for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PERLSTEIN, ARNOLD ESQ.
4801 S. UNIVERSITY DRIVE 2ND FLOOR
FORT LAUDERDALE FL 33328

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is N.A. Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	ALWEISS, IRA		1 NAME	
STREET ADDRESS	225 W. 21 ST.		1 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010		1 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	PERLSTEIN, ARNOLD		2 NAME	
STREET ADDRESS	4801 S UNIVERSITY DR 2ND FL		2 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33328		2 CITY-ST-ZIP	
TITLE		☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME			3 NAME	
STREET ADDRESS			3 STREET ADDRESS	
CITY-ST-ZIP			3 CITY-ST-ZIP	
TITLE		☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME			4 NAME	
STREET ADDRESS			4 STREET ADDRESS	
CITY-ST-ZIP			4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME			5 NAME	
STREET ADDRESS			5 STREET ADDRESS	
CITY-ST-ZIP			5 CITY-ST-ZIP	
TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY-ST-ZIP			6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is true and accurate, that my electronic 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 added above.

SIGNATURE: [signature] 4-1-96 (305) 885-2461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

IRA ALWEISS

CR2E034 (12/95)