

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 9:05**

DOCUMENT # P94000064542 (1)

1. Corporation Name

COAST WORLDWIDE GROUP, INC.

Principal Place of Business

**343 ALMERIA AVENUE
CORAL GABLES FL 33134**

Mailing Address

**P.O. BOX 14479
CORAL GABLES FL 33314-4479**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1994

3a. Date of Last Report

2. Principal Place of Business

21 1115 Fairlake Trace

2a. Mailing Address

26 1115 Fairlake Trace

Suite, Apt. #, etc.

22 Unit 2209

Suite, Apt. #, etc.

27 Unit 2209

City & State

23 Ft. Lauderdale, Florida

City & State

28 Ft. Lauderdale, Florida

Zip

24 33326

Country

25 USA

Zip

29 33326

Country

30 USA

4. FEI Number

65-0552441

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

9. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Eugenia C. Lopez

(Signature of officer or director of corporation and the registered agent)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Pres., Sec., Treas., Dir.	☐ Change ☒ Addition
12 NAME	Eugenia C. Lopez	
13 STREET ADDRESS	1115 Fairlake Trace, Unit 2209	
14 CITY- ST- ZIP	Ft. Lauderdale, Florida 33326	☐ Change ☐ Addition
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY- ST- ZIP		☐ Change ☐ Addition
31 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY- ST- ZIP		☐ Change ☐ Addition
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		☐ Change ☐ Addition
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		☐ Change ☐ Addition
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY- ST- ZIP		☐ Change ☐ Addition

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 110.07(2)(b), 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:

Eugenia C. Lopez

Eugenia C. Lopez, President

305-384-7533

(Signature and typed name of signing officer or director)

Date

Daytime Phone #