## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97; \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION ANNUAL REPORT** 

1997

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000013206 (4)				j.		
1	COSTA INC.	• •				
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		<u>.</u>		1 11 11 11 11 11 11 11 11 11 11 11 11 1		
Principal Plac	e of Business	Mailing Address		I INRILDRI HAN IDIDI DIIII DUHH ADIII AN	iste oorde olddd fella stalt 80910 gigt (00)	
2600 HAMMONDSVILLE ROAD		2600 HAMMONDSVILLE ROAD		:		
#37		#37		DO NOT INDET	BLTING ODAGE	
POMPANO BEACH FL 33069		POMPANO BEACH FL 33069		3. Date Incorporated or Qualified	IN THIS SPACE  3a. Date of Last Report	
				01/01/1995	08/19/1996	
2. Principal Place of Business		2a. Mailing Address	·	4. FEt Number	Applied For	
21 2600 HAMMONOVILLE Ro		26		59-3304628	Not Appl cable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22	<u>37</u>	27		V. Continuate or otatus pushed	Fee Required	
City & State  23 Rompayo Bch F1		City & Stato		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees		
Zip	Country	Zip	Country	8. This corporation owes or has pa		
24 330			30	Personal Property Tax due June		
9. Name and Address of Current Registered Agent COSTA IODOE 81 Name				10. Name and Address of New Re	gistered Agent	
COSTA, JORGE			oi Name	Name		
3073 N.W. 94TH AVENUE			82 Street Add	dress (P.O. Box Number is Not Acceptat	ress (P.O. Box Number is Not Acceptable)	
CORAL SPRINGS FL 33065			83			
			84 City		FI 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508. Florida Statutes	the above-named cor	poration submits this statement for the p		
office or r	registered agent, or both, in the State of	of Florida, Such change was au	thorized by the corpora	ation's board of directors. I hereby accep	ot the appointment as registered	
1	on laminar with, and accept the congat	10115 01, 36011011 007,0305, 1 1011	ica statotes.			
SIGNATURE	Signature, typod or printed name of registered agon	and title If applicable (NOTE:	flog stered Agont a gnature requ		DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	PSTD	☐ DELETE	1 1 TITLE		☐ Change ☐ Addition	
NAME	COSTA, JORGE		1.2 NAME			
STREET ADDRESS	3073 N.W. 94TH AVENUE		1.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33065	- District	1.4 CITY-ST-ZIP			
TITLE	VASD COCTA IECCE	☐ DELETÉ	2.1 TITLE		Change Addition	
NAME	Costa, jesse 3073 n.w. 94th Avenue		2 2 NAME			
STREET ADDRESS	CORAL SPRINGS FL 33065		2.3 STREET ADDRESS			
CITY-SY-ZIP TITLE	AV	DELETE	2. 4 CITY-ST-ZIP		Change D Addition	
	BELEY, STEVEN	UE DELCIE	3.1 TITLE	and Winhot	Change (P Addition)	
NAME OTRET ARRESTS	8570 NW 25TH ST.		3.2 NAME	Anibeth Vichot 803 Hampton B.	UVO.	
STREET ADDRESS	SUNRISE FL 33322			V. JAUDEROBIE IFI.	33068	
CITY-ST-ZIP TITLE	DATE I W GOODE	DELFTE	3.4. CITY-ST-ZIP 4.1 TITLE	- Charles and Annual Control of the	Change Addition	
NAME		******	4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME		• ,=	
STREET ADDRESS			5.3 STREET ADDRESS	*		

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 artisal ment with an address.

6.3 STREET ADDRESS 6.4 C/TY - S1 - Z/P

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

Addition

**FILED** 

Sep 05 1997 8:00am

Secretary of State