

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000028272 (9)

1. Corporation Name:

GOLD COAST MOTHER & SON CORP.



Principal Place of Business

8345 S.W. 168 TERRACE
MIAMI FL 33157

Mailing Address

8345 S.W. 168 TERRACE
MIAMI FL 33157

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BELLO, ILEANA
8345 S.W. 168 TERRACE
MIAMI FL 33157

81. Name

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

83.

84. City

FL

85

Zip Code

3. Date Incorporated or Qualified

04/06/1995

3a. Date of Last Report

4. FEI Number

65-0584683

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

10. Name and Address of New Registered Agent

SIGNATURE

Signature of Registered Agent (If not the same as the filer, attach a separate statement of the filer's signature.)

Signature of Registered Agent (If not the same as the filer, attach a separate statement of the filer's signature.)

Signature of Registered Agent (If not the same as the filer, attach a separate statement of the filer's signature.)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BELLO, WILLIAM	
STREET ADDRESS	8345 S.W. 168 TERRACE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	☐ DELETE
NAME	BELLO, ILEANA	
STREET ADDRESS	8345 S.W. 168 TERRACE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 119.07(3)(c), Florida Statutes. Further, I 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 or in power 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:

William Bello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96 (301) 865 0761

DATE AND PHONE NUMBER

CR2E034 (12/95)