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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000059952 (8) **DOCUMENT #**

GULF COAST HYDRAULICS, INC.

L							831: 864H 881A 83		1 ABAB
Principal Place	of Business	Mailing .	Address				CILL BOLLY DOINT DI		F IDOR) DANGRAUPI HOPI
13137 SOUTHWEST 122 AVENUE 13137 SOUTHWE MIAMI FL 33186 MIAMI FL 33186			37 SOUTHWEST	「122 AVENUE					
						3. Date Incorporated or Qualified 08/03/1995	3a. Date of	Last	Report
	ace of Business	2a. Maili	ng Address			4. FEI Number			1
21		26				65-06044	(5/	-	Applied For
Suite, Apt. #	#, etc.	Suite	. Apt. #, etc.		•••			*0 7	Not Applicable
22		27				5. Certificate of Status Desired			5 Additional Required
City & State		City 8	8 State			6. Election Campaign Financing			
23 Zip		28				Trust Fund Contribution			00 May Be ed to Fees
24	Country	Zip		Country		8. This corporation has liability for i	ntangible tax u	nder s	199 032
	9. Name and Address of Cu	[29]	·	30		Florida Statutes Yes	□ No		
	5, Hame and Address of Co	rrem Registered	Agent		r	10. Name and Address of New R	egistered Age	ent	
THE LA	AW FIRM OF LAWRENCE J	SPIEGEL CHOTO	1	81	Name				
343 ALMERIA AVENUE			,	82	Street Add	ress (P.O. Box Number is Not Acceptable	(c)		
	GABLES FL 33134			83		- To the cooperation			
					·				
				84	City				p Code
11. Pursuant to	the provisions of Sections 607.0	0502 and 6 07,1508	, Florida Statute	s, the above r	amed corpor	ration submits this statement for the pure			
familiar with	n, and accept the obligations of	Bection 607,0505, [je was autnorize Florida Statutes	ed by the corpo	pration's boa	ration submits this statement for the purp rd of directors. I hereby accept the appo	intment as reg	ny its istered	registered onice. Dagent, Lan;
CICNATURE									
S	lignature, typeo or printed name of registere :	oration Mental Commit		L Begistered Ayri	Sujfatore depuise	ell where remodigrange	17403		
12.	DPST OFFICERS	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		RECTO	ORS IN 12
ſ	CRAIG, RICARDO		DELETE	1 tityte		PRESIDENT	ПС		Addition
NAME	13137 SOUTHWEST 12	O AVENUE		1.2 NAME	F	PIERRE THOYAS		•	
STREET ADDRESS	MIAM! FL 33186	Z AVENUE		1.3 STREET	ADDRESS .	5263 SW 157	TERR		
CITY-ST-ZIP TITLE				1.4 CH) SI	-21F	MIAMI FL.	33/87	,	
NAME		Į	DELETE	2 1 THILE		7	X 0	hange	Addition
ļ				2.2 NAME		RICARDO CRAI		-	
STREET ADDRESS				23 STRE21 /	ADDRESS 7	PICARDO CIEMI	7		
DITY-ST-ZIP TITLE			7.00.51	2 4 CITY - ST	- 71F	4759 SW 158 5	33	18	フー!
NAME		Į.	DELETE	3 1 THEF			Cr		Addition
STREET ADDRESS				3.2 NAME					
				33 STREET	ADDRESS				
CITY-ST-ZIP TITLE			Thomas	3 4 C(I) -SI	· ZIF				
NAME		Ĺ	DELETE	4 1 HILE			☐ Ch	ange .	☐ Addition
STREET ADDRESS				4 2 NAME					
1				43 STREET A	DORESS				Ì
DITY-ST-ZIP TITLE			7 00 000	44 CITY ST	ZIP				ŀ
NAME		Ĺ	DELETE	5 1 TITLE	İ		Ch	ange	Addition
STREET ADDRESS				5.2 NAME					J
I				53 STREET A	DORESS				
DITY-ST-ZIP TITLE			T DELETA	54 CITY ST	ZIF				
NAME		Ĺ] DELETE	6 1 TIFLE			☐ Chi	ange	☐ Addition
1				6.2 NAMÉ					_
TREET ADDRESS				4 S CIDELL VI	waren.				i

14. If do hereby certify that the information semple of Jith this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. If 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 appears in Block 12 or Block 13 inchanged, or on an attachment with an address. SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY - ST - ZIP

305.238.6368

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