FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600006261 (7) 1. Corporation Name GOLD COAST ORCHIDS, INC. Principal Place of Business 11630 SW 62ND AVE MIAMI FL 33156 MIAMI FL 33156 MIAMI FL 33156								
					3. Date Incorporated or Qualified 01/15/1996	3a. Date of Last F	teport	
	Place of Business	2a. Mailing Address			4. FEI Number		oplied For	
Suite Ap	# etc.	Suite, Apt. #, etc.			65-0640487		ot Applicable Additional	
22 City & State		Criu P. State	27 City & State		5. Certificate of Status Desired	Fee Ro	equired	
23 Gity & Sta	1.C	28			Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Ζφ 24	Country 25	Zip 29	Country 30	· .	This corporation has liability for Florida Statutes	r intangible tax under s Yes : No	199.032	
	9. Name and Address of Curre		1901		10. Name and Address of New R			
	INZMAN, ALAN E		81	Name				
2601 S BAYSHORE DR SUITE 600 MIAMI FL 33133			62	Street Ad	dress (P.O. Box Number is Not Accepte	able)		
1718	WW (E 40140		83					
					84 City 85 Zip Code			
44 Diamer	the many designs of Spotiana CO7 OF	00 and 007 1500 Finance Chat	too the about	<u></u>	rporation submits this statement for the ation's board of directors. I hereby according to the statement of the ation's board of directors.	FL S E	to record	
SIGNATURE 12. TIBLE	Squary group printed none of registimed ago OFFICERS AN	orn and life disopticable (NCND DIRECTORS)	13.	ent signature req	uired when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTOR Change	RS IN 12	
name Strey+ address	KRINZMAN, KATHERINE G 11630 SW 62ND AVE MIAMI FL 33156		ľ	ADDRESS				
CITY S1-7F	MINIMITE 30100	DELETE	1.4 City-s 2.1 Title	ST-ZIP	The second of th	Change	Addition	
NAME:			2.2 NAME					
STREET ADUBESS			2.3 STREET	ADDRESS	·			
City-St-Zif		DELETE	2. 4 CITY - 3.1 TITLE	S1-ZIP		17 0	T Adapt.	
TiTLE NAMi		[_] DELETE		1.		LJ Change	Addition	
STREET ADDRESS			3.2 NAME 3.3 STREET	ADDIGESS				
COY SI-ZIP			3.4 CITY-	{				
1011		☐ DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAME	- 1	•			
STHEET ALDRESS			4.3 STREET					
CHY- St. ZIP		DELETE	4.4 CITY - 9	51 - ZIP		Change	Addition	
TITLE NAME		F] vertit	5.1 TITLE 5.2 NAME			L_] Change	Addition	
STREET ADDRESS			5.2 NAME 5.3 STREET	ADDRESS				
City S* ZP			5.4 CITY-S					
Diff	The second secon	DELETE	6.1 TITLE	51 - LIF		Change	Addition	
NAME		End	6.2 NAME	1				
STREET ADORESS			63 STREET	ADDRESS				
OTY - \$1 - Zir			6.4 CiTY - 5	i				

14. I do nereby 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

SIGNATURE:

appears in Block 12 or Block 13

FILED

Apr 17 1997 8:00am

Secretary of State