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.)

APPROVED AND FILED
97 NOV 12 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000016614 (5)**

1. Corporation Name
COAST 907, INC.

Principal Place of Business	Mailing Address
1111 LINCOLN ROAD SUITE 500 MIAMI BEACH FL 33139	1111 LINCOLN ROAD SUITE 500 MIAMI BEACH FL 33139

REINSTATEMENT (DO NOT WRITE IN THIS SPACE) 97

2. Principal Place of Business 21 5151 Collins Ave	2a. Mailing Address 26 5151 Collins Ave
Suite, Apt. #, etc. 22 # 1006	Suite, Apt. #, etc. 27 # 1006
City & State 23 Miami Beach, FL	City & State 28 Miami Beach, FL
Zip 24 33139 Country 25 USA	Zip 29 33139 Country 30 USA

3. Date Incorporated or Qualified: 02/20/1996
3a. Date of Last Report:
4. FEI Number: 650681552 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**
LOPEZ, PETER M ESQ.
1111 LINCOLN ROAD
SUITE 500
MIAMI BEACH FL 33139

10. **Name and Address of New Registered Agent**
81 Name: Peter M. Lopez, ESq.
82 Street Address (P.O. Box Number is Not Acceptable): 1630 N. Federal Highway
83
84 City: Ft. Lauderdale FL 85 Zip Code: 33305

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: [signature] (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	NUNEZ, JOSUNE A		1.2 NAME
STREET ADDRESS	5151 COLLOINS AVENUE, #1006		1.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY-ST-ZIP
TITLE	D	☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	NUNEZ DE CRAIG, ROSA ISABEL		2.2 NAME
STREET ADDRESS	5151 COLLOINS AVENUE, #1006		2.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI BEACH FL 33139		2.4 CITY-ST-ZIP
TITLE		☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		☐ DELETE	4.1 TITLE ☐ 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
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

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-11/14/97--01068--003
****750.00 ****750.00

$7 11/13

CR2E034 (4/97)

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 attachment with an address.

SIGNATURE: [signature]