

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 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997

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



DOCUMENT # P96000016623 (6)

1. Corporation Name
COAST 1006, INC.

Principal Place of Business

1111 LINCOLN ROAD
SUITE 500
MIAMI BEACH FL 33139

Mailing Address

1111 LINCOLN ROAD
SUITE 500
MIAMI BEACH FL 33139

2. Principal Place of Business

21 5151 Collins Ave

Suite, Apt. #, etc.

22 # 1006

City & State

23 Miami Beach

Zip

24 33139

Country

25 USA

2a. Mailing Address

26 5151 Collins Ave

Suite, Apt. #, etc.

27 # 1006

City & State

28 Miami Beach, FL

Zip

29 33139

Country

30 USA

9. Name and Address of Current Registered Agent

LOPEZ, PETER M ESQ.
1111 LINCOLN ROAD
SUITE 500
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified

02/20/1996

3a. Date of Last Report

4. FEI Number

650680551

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

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

A. 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, to 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

TITLE D
NAME NUNEZ, JOSUNE A
STREET ADDRESS 5151 COLLINS AVENUE, #1006
CITY-ST-ZIP MIAMI BEACH FL 33139

☐ DELETE

TITLE D
NAME NUNEZ DE CRAIG, ROSA ISABEL
STREET ADDRESS 5151 COLLINS AVENUE, #1006
CITY-ST-ZIP MIAMI BEACH FL 33139

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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]



REINSTATEMENT 97

CR2E034 (4/97)