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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000047428 (3)

COAST	CAPITAL GROUP, INC.									18811 81818 1888	
Principal Place	e of Business	Mailir	ng Address				_				
19310 N.W. 50TH COURT MIAMI FL 33055		18310 N.W. 50TH COURT MIAMI FL 33055-2041									
			÷					Date Incorporated or Qualified 06/01/1996	3a. Da	ale of Last R	eport
2. Principal Place of Business 21			28. Mailing Address 26					FEI Number	·=L· · · · · ·	1	pplied For of Applicable
Suite, Apt. #, etc.			Surte, Apl. #, etc. 27					Certificate of Status Desired		\$8.75 / Fee Re	
City & State		28				TO STATE OF THE STATE OF THE	6,	Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
Zip 24	Country 25 29 9. Name and Address of Current Regi		ib	30 Coui			8. This corporation has liability for intang Florida Statutes 10. Name and Address of New Registe		Yes [es 🗌 No	
	************	negister	eo Agem		81	Massa	10.	Name and Address of New Re	gisterea	Agent	
	IAN, EDUARDO R IO N.W. 50TH COURT			į		Name			 		
MIAMI FL 33055							ress (F	2.O. Box Number is Not Acceptate	ole) 		
ž.					83						
					84	City			FL	. `	Code
11. Pursuant office or ragent. La	to the provisions of Sections 607.0502 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607 of Florida itions of, S	.1508, Florida Statute Such change was a Section 607.0505, Flo	es, the ab uthorized rida Stati	ove by	named corp the corporat	ooration tion's b	in submits this statement for the popular of directors. I hereby accel	ourpose of of the app	changing it ointment as	s registered registered
SIGNATURE	Signature, typed or printed name of registered age:	and title if a	onlicable (NOTE	Honistoned	Ano	nt signature requir	red when	reinslatino)	DATE		
12.	OFFICERS AND			18.	, igt	ni signato e rego		ADDITIONS/CHANGES TO OFFIC		DIRECTOR	IS IN 12
TITLE	D		DLtf1E	1.5 10	l F	T.	<u>·</u>			Change	Addition
NAME	ROMAN, EDUARDO R			1.2 NA	ME						
STREET ADDRESS	19310 N.W. 50TH CT.				1.3 STREET ADORESS						
CITY-ST-ZIP TITLE	MIAMI FL 33055 D	DELETE			1.4 C(1)Y-S1-7(P 2 1 7(1)E					Change	Addition
NAME	ROMAN, CRISTINA		CJ Otter		2.2 NAME					☐ Onange	[_] MOUNTON
STREET ADDRESS	19310 N.W. 50TH CT.					ADDRESS					
CITY-ST-ZIP	MIAMI FL 33055			2 4 CI	IY-S	51 - ZIP					
TITLE			DLLFIE	3.1 TIT						Change	Addition
NAME				3.2 NA		4DDDCCC					
STREET ADDRESS CITY-ST-ZIP				3.3 S10		ADDRESS				:	
TITLE			DELETE	4.1 T(1		11-211			•	Change	Addition
NAME				4.2 N/	ME						
STREET ADDRESS				4.3 ST	KEET	ADORESS					
CITY-ST-ZIP			DECETE	4.4 CO		t - ZIP					- 1-1 A 1 199
TITLE			LJ DELETE	5.1 TIT						Change	Addition
STREET ADDRESS				5.2 NA 6.2 CTI		ADDRESS					
CITY-ST-ZIP				5.4 CIT							
TITLE			DELETE	6.1 TIT						☐ Change	Addition
NAME				6.2 NA	ME						
STREET ADDRESS				6.3 \$11	REET	ADDRESS					
CITY-ST-ZIP	ay cortify that the information countled	4	Olive does 12 2 2	6.4 CIT	Y - S	T - ZIP	<u> </u>	-C 110 p7/py/5 /		116 -11	

information indicated on this annual report or supplied with this filling 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.

FILED

May 02 1997 8:00am

Secretary of State