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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000078876 (4)

COSTA & COMPANY, INC.

	~					
Principal Plac	e of Business	Mailing Address	vailing Address		I HOREIGNE IEN JOTH GOUL ONIN MONIN GONIN	1001 10181 10111 10018 8111 1001
6520 S.W. 116TH STREET MIAMI FL 33156		6520 S.W. 116TH STRI MIAMI FL 33156	EET		DO NOT WRITE IN TH	IS SPACE
ļ					3. Date Incorporated or Qualified	
					09/10/1997	
2. Principal Place of Business 2a. Mailing Add			98		4. FEI Number	Applied For
21		26		65-0787501	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country Zip		Countr	у	8. This corporation owes or has paid the	
24	[25]	29	30		Personal Property Tax due June 30.	∐ Yes ☐ No
	9. Name and Address of Curre	ini negistered Agent		Name	10. Name and Address of New Registere	u Agent
	STA, ELIZABETH		J e '	Name		
6520 S.W. 116TH STREET			82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
MIA	MI FL 33156) <u></u>			
			83	•		
			84	City		85 Zip Code
		· · · · · · · · · · · · · · · · · · ·	<u>_</u>		poration submits this statement for the purpose	<u>L</u>
office or e agent. I a SIGNATURE	egistered agent, or both, in the Stati im familiar with, and accept the oblig Signature typed or proved name of registered as	gations of, Section 607,0505,	as authorized b , Florida Statute	s.	tion's board of directors. Thereby accept the a	
12.		ND DIRECTORS	13,	ichi dignatore rodon	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D PRESIDENT DELETE		1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change Addition
NAME	COSTA, ELIZABETH		1.2 NAME			
STREET ADDRESS	6520 S.W. 116TH STREET			T ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		1.4 CITY-			
TITLE	D VICE- PASIDENT DELETE		2.1 TITLE	21-211		Change Addition
NAME	COSTA, VIRGINIA		2.2 NAME			•
STREET ADDRESS	6520 S.W. 116TH STREET			T ADDRESS		
CITY-ST-ZIP	ENSEM PLANTA		2. 4 CITY-			
TITLE	TREASURER DELETE		3.1 THTLE	EII		Change Addition
NAME	VIRGINIA M. COSTA DRESS 65-20 SW1/6 TH ST. HIAMI FL. 33/56		3.2 NAME	1		· • —
STREET ADDRESS	0 (RG/N/A //)	W of		1 Address		
CITY-ST-ZIP	HIAMI EL 33	15%	3.4. C(TY-	- }		
TITLE	DELETE		4.1 TITLE			Change Addition
NAME		- "	4. 2 NAME			.= , —
STREET ADDRESS				1 ADDRESS		
CHTY-ST-ZIP			4.4 CITY-1	I		
TITLE	DELETE		5.1 THILE	v. 611		Change Addition
NAME			5.2 NAME	{		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CITY - 5	1		!
TITLE		DELETE	6.1 TITLE	21 211		Change Addition
NAME		<u></u>	6.2 NAME	1		
STREET ADDRESS				I ADDRESS		

14. Thereby 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:

Elabell Cots

3/30/98

FILED

Apr 03 1998 8:00am

Secretary of State

CR2E034 (10/