FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S99626** **(1)**

1. Corporation Name

MANGROVE COAST, INC.

Principal Place of Business

5794 COMMERCE LANE
SOUTH MIAMI FL 33143

Mailing Address

5794 COMMERCE LANE
SOUTH MIAMI FL 33143

3. Date Incorporated or Qualified **12/11/1991**

3a. Date of Last Report **03/13/1995**

4. FEI Number **23-1939039** ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business (21 / 22 / 23 / 24 / 25)

2a. Mailing Address (26 / 27 / 28 / 29 / 30)

9. Name and Address of Current Registered Agent

BERMAN, DAVID
5794 COMMERCE LANE
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: _____ DATE:

12. OFFICERS AND DIRECTORS

Title	PD	☐ DELETE
Name	BERMAN, DAVID	
Street Address	5794 COMMERCE LANE	
City-St-Zip	MIAMI FL	
Title	SVD	☐ DELETE
Name	BERMAN, NOGA	
Street Address	5794 COMMERCE LANE	
City-St-Zip	MIAMI FL	
Title		☐ DELETE
Name		
Street Address		
City-St-Zip		
Title		☐ DELETE
Name		
Street Address		
City-St-Zip		
Title		☐ DELETE
Name		
Street Address		
City-St-Zip		
Title		☐ DELETE
Name		
Street Address		
City-St-Zip		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		

14. I hereby certify that the information supplied with this report is true. I am aware that false information submitted in a report or supplemental annual report is punishable as a misdemeanor of the first degree, pursuant to Section 817.155, Florida Statutes. I further certify that the information indicated on this 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 attached sheet, with an address.

SIGNATURE: Noga Berman NOGA BERMAN 1/18/96 3056633364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)