## 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 # V18271

(9)

A AGOLD COAST CRUISES, INC.

		FILEL	997 8:00am	
Apr	15	1997	8:00am	
Se	cre	tary o	f State	



Principal Place of Business 19056 N.E. 29TH AVE. NORTH MIAMI BEACH FL 33180		190	Mailing Address 18056 N.E. 29TH AVE. NORTH MIAMI BEACH FL 33180-2802							
NORTH MIAMI T	BEACH FL 35780	·	nin mami beach f	L 33180-2802			Date Incorporated or Qualified 03/03/1992		nte of Last R 01/1996	leport
2. Principal Pla	ice of Business	26.	Mailing Address				4. FEI Number		Ar	oplied For
21		26					65-0056040	····	No	ot Applicabl
Suite Apt #	f. etc	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Fee Re	Additional equired
City & State	, ,		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution			to Fees
Zφ	Country		Zip	Count	ry		8. This corporation has liability for			. 199,032,
4	25	29		30				Yes [		
	9. Name and Address of Co	urrent Regist	ered Agent				10. Name and Address of New Re	gistered a	Agent	
RHE/	a sherota			8.	1	Name				
1905	8 N.E. 29TH AVE.			8:	2	Street Addr	ress (P.O. Box Number is Not Acceptat	ole)		
NOR	th Miami Beach FL 33125	<b>,</b>		]~	]					
				8:	3					
					+				Ter 7:-	O- d-
				8-	4	City		FL	<b>85</b> Zip	Code
	al jesture. Note at an printed harmon' register				geni	it signature requir	red when reinstating)	DATE		
12.	PSD OFFICERS	S AND DIREC		13.			ADDITIONS/CHANGES TO OFFICE	ERS AND		
THIE			☐ DELETE	, 1.1 THTLE		1			Change	Additio
NAME	SHEROTA, RHEA			1.2 NAME						
STREET ADORESS	19056 NE 29TH AVE			13 STAE	ET A	ADDRESS				
DITY-ST 7/P	N MIAMI BCH FL		III porte	1.4 CITY		-ZiP			T 1 5	T A date
Idtl			☐ DELETE	2 1 TITLE					Change	Addition
NAME:				2.2 NAM						
STREET ADDRECS				2.3 STRE		l.				
COLY - \$1 - ZIP TITUE			DELETE	2. 4 CITY 3.1 TITLE		1 - ZIP	**************************************		Change	Additio
NAME			Land Dettile	3.2 NAMI					L. Ondrigo	L ragine
STREET ADDRESS				3.3 STRE		ADDRESS				
DIY SI 20P				3.4. CITY						
HITLE			DELETE	4.1 TITLE					Change	Additi
JAME (			<del>.</del>	4 2 NAM	ΙE	[				
STREET ADDRESS				43 STRE	ET A	ADDRESS				
CITY - S1 - ZHP				4.4 CITY						
IIT.E			☐ DELETE	S.1 TITLE					Change	Additi
NAME				5.2 NAM	E					
STREET ADDRESS				5.3 STRE	ET A	ADDRESS				
CHY ST ZIP				5.4 CITY		•				
IIT LE			DELETE	6.1 TITLE	_		**************************************		Change	Addili
NAME				6.2 NAME	E					
STREET ADDRESS				6.3 STRE	et A	ADDRESS				
CITY-ST-ZIF				64 CITY	-ST	- Z+P				
	vicertify that the information sur	oplied with thi	s filing does not que				in Section 119.07(3)(i), Florida Statute	s. I further	certify that	the

The makeny centry that the manifestation applied with this inline does not quality for the exemption stated in Section 119.07(3)(t). Florida Statutes. I further certify that the information 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 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR