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

GOLD C	MENT # V1827 COAST CRUISES, INC.		(3)						
Principal Place 19056 N.E. 29T N. MIAMI BEAC	TH AVENUE	19056 N.E.	Mailing Address 18056 N.E. 29TH AVENUE N. MIAMI BEACH FL 33180-2802						
						3. Date Incorporated or Qualified 03/03/1992	3a. Date of Last R 05/01/1996	leport	
·	ace of Business	2a. Mailing	Address			4. FEI Number NOT APPLICABLE	—— •	oplied For ot Applicable	
21] Suite, Apt.	#, etc	Suite, A	Apt. #, etc.					Additional	
22		27				Certificate of Status Desired	Fee Re		
City & State		→	City & State			6. Election Campaign Financing			
23 Zip	Country	[28] Zip	··· <u>····</u>	Count	Ŋ	Trust Fund Contribution 8. This corporation has liability for			
24	25	29		30	·		Yes No	. 155.052,	
	Name and Address of Curr	ent Registered A	gent	8		10. Name and Address of New Re	gistered Agent		
RHEA SHEROTA 19058 NE 29TH AVE NORTH MIAMI BEACH FL 33180				8	2 Street Ado	dress (P.O. Box Number is Not Acceptable)			
] 8	3				
				8	4 City		FL 85 Zip	Code	
SIGNATURE.	to the provisions of Sections 607.05 egistered agent, or both, in the Stani familiar with, and accept the oblined sections of the section of					poration submits this statement for the pation's board of directors. I hereby acceptions when reinstaling.	ourpose of changing it of the appointment as	ts registered registered	
12.		ND DIRECTORS		13.	gan op man requ	ADDITIONS/CHANGES TO OFFIC		RS IN 12	
TELL	PSD		DELETE	1.1 TITLE			Change	☐ Addition	
NAME	SHEROTA, RHEA			1.2 NAM	ſ				
STREET ADORESS	19056 NE 29TH AVE N MIAMI BCH FL				ET ADDRESS				
CHY-ST-ZIP TITLE	TO DOTTE		DELETE	2.1 TITLE	-ST-ZIP		Change	Addition (
NAME				2.2 NAM	E]				
STREET ADDRESS				2.3 STR	ET ADDRESS				
City-ST-7iP			LOCUETE		/- ST - ZIP		Chance	Addition	
TITLE NAME			L DELETE	3.1 TITLI 3.2 NAM			☐ Change	L Addition	
STREET ADDRESS					ET ADDRESS				
City-St-79				3.4. CITY	r-St-ZIP				
hltE			DELETE	4.1 TITLE			☐ Change	Addition	
MAN				4. 2 NAA	J				
STREET ADDRESS					ET ADDRESS			ļ	
CHY-ST-ZIP TITLE			DELETE	5.1 TITU	-ST-ZIP		Change	Addition	
NAME			Pin Occilia	5.2 NAM	1		onenge		
STREET ADDRESS					ET ADDRESS			11/11	
City-\$t-76*					-ST-ZIP			10°	
101.6			DELETE	6.1 TITL		9 mg 9 mg 9 mg 9 mg	Change	Addition	
NAME .				6.2 NAM	E	00000214 -04/17/97010	たって <i>と</i> り 05044		
STREET ADDR:SS				6.3 STAL	ET ADDRESS	***165.00	00 UTT	Ì	

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.

6.4 CITY - ST - ZIP

SIGNATURE: 4

-305-935-9115

FILED

Apr 16 1997 8:00am

Secretary of State