

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V54453 (8)
1. Corporation Name
COSTA, INC.



Principal Place of Business
701 WASHINGTON AVE
MIA BEACH FL 33139
US

Mailing Address
3250 MARY ST
SUITE 400
COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	701 WASHINGTON AVE	26	3250 MARY ST
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	MIAMI BEACH, FL	28	MIAMI BEACH, FL
Zip		Zip	
24	33139	29	33139
Country		Country	
25	US	30	US

3. Date Incorporated or Qualified	
07/31/1992	
4. FEI Number	Applied For
65-0357442	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 owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HOFFMAN, COREY E. 3250 MARY ST SUITE 400 COCONUT GROVE FL 33133		81 Name Giancarlo Macchiarella	
		82 Street Address (P.O. Box Number is Not Acceptable) 701 Washington Avenue	
		83	
		84 City MIAMI Beach FL 85 Zip Code 33139	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 *Giancarlo Macchiarella* DATE 2/11/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTESANO, GENE	1.2 NAME	
STREET ADDRESS	3250 MARY ST #400	1.3 STREET ADDRESS	701 WASHINGTON AVENUE
CITY-ST-ZIP	COCONUT GROVE FL	1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONESANO, ARLENE	2.2 NAME	
STREET ADDRESS	3250 MARY STREET, 400	2.3 STREET ADDRESS	701 WASHINGTON AVENUE
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACCHIARELLA, GIANCARLO	3.2 NAME	
STREET ADDRESS	C/O 3250 MARY ST., SUITE 400	3.3 STREET ADDRESS	701 WASHINGTON AVENUE
CITY-ST-ZIP	COCONUT GROVE FL 33133	3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE *Giancarlo Macchiarella*

CR2E034 (10/97)