File on or before May 1, 1999 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR -8 AM 11:45
SEC... STATE
TALLA... FLORIDA

FILING FEE	Annual Report $100.00 + $88.75 Corporation Supplemental Fee
$ 188.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L98000000678

LA TROPICAL BREWING COMPANY, LLC
~~910 CATALONIA AVENUE~~
CORAL GABLES FL 33134

1a. Principal Place of Business Address
~~910 CATALONIA AVENUE~~
CORAL GABLES FL 33134

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
117 Majorca Ave.	117 Majorca Ave	05/27/1998	FL
Suite, Apt. #, etc. First Floor East	Suite, Apt. #, etc First Floor East	4. FEI Number 65-0838502	☐ Applied For ☐ Not Applicable
City & State Coral Gables FL	City & State Coral Gables, FL	5. Date of Last Report	6. Certificate of Status Desired $8.75 Additional Fee Required ☐
Zip 33134 / Country USA	Zip 33134 / Country USA		

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
B & C CORPORATE SERVICES, INC. 201 SOUTH BISCAYNE BOULEVARD, SUITE MIAMI FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, etc City FL Zip Code

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****188.75 ****188.75

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature is required when filing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	PORTUONDO, MANUEL J	~~910 CATALONIA AVENUE~~ 117 Majorca Ave First Floor East	CORAL GABLES FL 33134
•			
•			dcc

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Manuel J. Portuondo 4-6-99 305-444-4451
(TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN) (DATE) (DAYTIME PHONE)

INHSE10 R (12-98)