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DOCUMENT # \$97000090013									
Compania de Bébidas Internacional, In						οι ΜΑΥ 30 PH 4:09			
Principal Place of Business Mailing Address						SECRETARY OF STATE FALLAHASSEE, FLORIDA			
106893W 88th 95,#300						The state of the s			
Mil	smi, F	7 33176	,						
2. Principal 10689 Q	Place of Busin	ness	3. Mailing Address			1			
Suite, Apt			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Sta	FL.		City & State		4 . F	4. FEI Number Applied For Not Applicable			
331	16	Country	Zip ·	Country	5. (Certificate of Status Desired	\$8.75 Ac Fee Requir		
JAM	2 (2) 13Th	and Address Surrent R	Registered Agent	-Name	7. N	lame and Address of New Register	ed Agent		
1068	4 9W	89 81	Street Address (P.O. Box Number is Not Acceptable)			
45300									
Many	u, PC	33176		City			Zip Co	de	
8. The above	e named entity	y submits this statement for	the purpose of changing its	registered office or re	egistered age	ent, or both, in the State of Florida.			
SIGNATURE		1 another	ille:			5	18/00	>	
9 This corn	Signature, typed	ible to satisfy its intangible		E: Registered Agent signature		No. 10 and 10 an	TE T		
Tax filing		ind elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Star			10. Election Campaign Financing Trust Fund Contribution.		00 May Be ed to Fees	
11.		OFFICERS AND D	<u> </u>	12.	i	DITIONS/CHANGES TO OFFICERS A	AND DIRECTOR	3S IN 11	
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13. I hereby o	certify that the	information supplied with the	his filing does not qualify for	the exemption stated	I in Section 1	19.07(3)(i), Florida Statutes. I further	certify that the	information	
indicated of the cor changed	i on this report rporation or the , or on an attai	t or supplemental report is to e receiver or trustee empow chment with an address, wit	rue and accurate and that need to execute this apport the all other like among a part	ny signature shall have as required by Chapte	e the same le er 607, Florid	egal effect as if made under oath; tha a Statutes; and that my name appear	t I am an officei rs in Block 11 o	or director Block 12 if	
		, C		*			· • • • • • • • • • • • • • • • • • • •	0-0687	
SIGNAT	UKE: _		ANNIA UNI	<u>.</u>		_ \>/8/0/ (2	シャンレバ	~~ WO 4	

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Compania de Bebidas Internacional, Inc.

May 8, 2001

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

RE: Compania de Bebidas Internaciona, Inc. (Document # 97000090013)

Dear Sir or Madam:

On several occasions I had informed your office advising them that our offices have moved. Therefore, our corporation had been cancelled due non-filing of annual report. I have contacted your office and I have been advised that the penalty would be waived based on the fact before mentioned.

Therefore, Find enclosed a copy of the Corporation Reinstatement for Cuzcatlan Beverages, Inc. and a check for the required fees.

I thank you for your attention to this matter and if you should have any further questions do not hesitate to contact me

Sincerely

Jalme M. Giammattei

Secretary

Enclosure: 2