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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90153 005 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000106325

1. Corporation Name
LAKES BREW HOUSE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 2665 S. BAYSHORE DR.
 SUITE 703
 MIAMI FL 33133
 US

Mailing Address
 2665 SOUTH BAYSHORE DRIVE
 SUITE 703
 MIAMI FL 33133
 US

3. Date Incorporated or Qualified
12/17/1997

4. FEI Number
65-0801033

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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **6685 Eagle Nest Lane**

2a. Mailing Address
 26 Suite, Apt. #, etc.

22 City & State
 23 **Miami Lakes, Florida**

24 Zip **33014** 25 Country **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WORLD CORPORATE SERVICES, Inc.
 2665 S. BAYSHORE DR
 SUITE 703
 MIAMI FL 33133

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **MIAMI** 85 Zip Code **FL**

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 *Timothy D. Richards* **Timothy D. Richards, President** 01/12/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	MOSES, FRANK P	
STREET ADDRESS	2665 S. BAYSHORE DR, SUITE 703	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	CASTILLO, LUIS P	
STREET ADDRESS	24 HIBISCUS DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Frank P. Moses	
1.3 STREET ADDRESS	6685 Eagle Nest Lane	
1.4 CITY-ST-ZIP	Miami Lakes, Florida 33014	
2.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Timothy D. Richards	
2.3 STREET ADDRESS	2665 South Bayshore Drive STE 703	
2.4 CITY-ST-ZIP	Miami, Florida 33133	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE *Timothy D. Richards* **Timothy D. Richards** 01/12/99 (305) 858-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR AS Date Daytime Phone #

CR2E034 (1/1/98)