

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 02 1998 8:00am
Secretary of State

DOCUMENT # P96000017563
Corporation Name
SOUTHEAST VENDING, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

Principal Place of Business

414 Camilo Avenue

2a. Mailing Address

26 414 Camilo Avenue

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

Coral Gables,

City & State

28 Coral Gables

Zip

Country

25 USA

Zip

Country

29 33134

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

2/26/96

4. FEI Number

65-0652432

Applied For

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.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81

Name

Luis Mejer

82

Street Address (P.O. Box Number is Not Acceptable)

414 Camilo Avenue

83

84

City

Coral Gables,

FL

85

Zip Code

33134

I, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

, 1998

2. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Mejer, Luis
414 Camilo Avenue
Coral Gables, FL 33134

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1

TITLE

1.2

NAME

1.3

STREET ADDRESS

1.4

CITY-ST-ZIP

2.1

TITLE

2.2

NAME

2.3

STREET ADDRESS

2.4

CITY-ST-ZIP

3.1

TITLE

3.2

NAME

3.3

STREET ADDRESS

3.4

CITY-ST-ZIP

4.1

TITLE

4.2

NAME

4.3

STREET ADDRESS

4.4

CITY-ST-ZIP

5.1

TITLE

5.2

NAME

5.3

STREET ADDRESS

5.4

CITY-ST-ZIP

6.1

TITLE

6.2

NAME

6.3

STREET ADDRESS

6.4

CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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.

CR2E034 (10/97)