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FILED

May 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 280155 (3)

1. Corporation Name
CAWY BOTTLING CO

Principal Place of Business
2440 NW 21 TERRACE
MIAMI FL 33142

Mailing Address
2440 NW 21 TERRACE
MIAMI FL 33142-7100



2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 610 Ernesto Sanchez P.A.
814 Ponce de Leon Blvd.

27 Suite, Apt. #, etc
Suite 505

28 City & State

Coral Gables, FL.

29 Zip

33134

Country
USA

3. Date Incorporated or Qualified
04/07/1964

3a. Date of Last Report
01/23/1996

4. FEI Number

59-1055754

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LOPEZ, PETER R-
28 W FLAGLER ST
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name

Ernesto Sanchez P.A.

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

814 Ponce de Leon Boulevard

83

Suite 505

84 City

Coral Gables

FL

85 Zip Code

33134

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

Signature of typewritten or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/23/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
SD VILLALBA, MIGUEL
STREET ADDRESS
2800 SW 130 AVE
CITY - ST - ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
PD COSSIO, VINCENT
STREET ADDRESS
5876 S.W. 16 ST.
CITY - ST - ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
TD GARCIA, FRANK
STREET ADDRESS
9341 COLLINS AVE., APT. 602
CITY - ST - ZIP
SURFSIDE FL

TITLE ☐ DELETE

NAME
VM COSSIO, VICENTE E
STREET ADDRESS
8930 SW 20 STREET
CITY - ST - ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/96)