## **FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS 50.00 Feb 06 1998 8:00am **PROFIT** FLORIDA DEPARTM E STATE **CORPORATION** Sandra B. M ANNUAL REPORT Secretary of State Socretary of 1998 DIVISION OF CORI ATIONS DOCUMENT # (7) AMERIVEND CORPORATION Principal Place of Business Mailing Address 4101 SW 73RD AVENUE 4101 SW 73RD AVENUE MIAMI FL 33155 MIAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/03/1981 2. Principal Place of Business 2a. Mailing Address Applied for 59-2113300 Not Applicable 26 Suite. Apt. #. etc. Suite Apt. #r, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country ntry 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name -SYLVESTER: KATHLEEN G VINGON, 4101 S.W. 73RD AVE. R2 Street Address (P.O. Box Number is Not Acceptable) -- MIAMITE 33155 Buckell 83 84 City Zip Code ndons 607.0502 and 607.1508, Florida Statutes, the lift, in the State of Florida. Such change was authorize ecept the obligations of, Section 607.0505, Florida Sta pove-named corporation submits this statement for the purpose of changing its registered 11. Pursuant to the provisions office or registered agent agent, I am familiar with, d by the corporation's board of directors. I hereby accept the appointment as registered SIGNATURE (NOT) Register d Agent signature required when reinstating) of repedered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ÉVP DELETE Change TITLE Addition PULVER, LANCE C. NAME 1865 BRICKELL AVE STREET AÓORESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CHY-ST-ZIP DELETE Change Addition TILE 21 DHF SYLVESTER, KATHLEEN G. NAME 2.2 NAME 4101 SW 73RD AVENUE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIE 2.4 City - \$1 - 7iP TITLE DELETE 3.1 1IILE Change ■ Addition NAME PULVER, GERALD E 3.2 NAME STREET ADDRESS 4101 SW 73RD AVENUE 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. C(1Y - \$1 - Z)F DELETE \_\_\_ Addition Change TITLE 4.1 THE MANFREDIZ, JOHN NAME 4. 2 NAM 4101 SW 73 AVENUE STREET ADDRESS 4.3 STREET ADDRESS MIAMI FL CITY-ST-7IP 4.4 City-St-ZiP DELETE Addition TITLE 5.1 MILE NAME 5.2 NAMI STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 7IP DELETE Change Addition TITLE 6.1 THUE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST - ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutos. I further certify that the information indicated on this annual report or suppliemental 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 Statutos, and that my name appears in

Block 12 or Block 13 if changed/or on an attachment with an address.