

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90062 050 ***150.00

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1. Entity Name
BEVERAGE CANNERS LIQUIDATING CORPORATION



Principal Place of Business

3595 NW 110 ST
MIAMI, FL 33167 US

Mailing Address

201 S BISCAYNE BLVD
STE 2600
MIAMI, FL 33131 US

2. Principal Place of Business
1441 Brickell Avenue

3. Mailing Address
1441 Brickell Avenue

Suite, Apt. #, etc.
15th Floor

Suite, Apt. #, etc.
15th Floor

City & State
Miami, FL

City & State
Miami, FL

Zip
33131

Country
USA

Zip
33131

Country
USA

03232005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2311443

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEHMAN, THOMAS R PA
201 S BISCAYNE BLVD
STE 2600
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
Thomas R. Lehman, P.A.
Street Address (P.O. Box Number is Not Acceptable)
1441 Brickell Avenue
15th Floor
City
Miami FL Zip Code
33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete
NAME HIRST, HENRY H
STREET ADDRESS 201 S BISCAYNE BLVD
CITY-ST-ZIP MIAMI, FL 331314336

TITLE DV ☐ Delete
NAME BEYDA, CLEMENT
STREET ADDRESS 3595 NW 110 ST
CITY-ST-ZIP MIAMI, FL

TITLE PD ☐ Delete
NAME FLEISCHER, ALLEN
STREET ADDRESS 3595 NW 100 ST
CITY-ST-ZIP MIAMI, FL 33667

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas R. Lehman, P.A

3/23/05

(305) 536-2137

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #