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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 23 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600001893 (4)

AMERICAN BEVERAGE GROUP, INC.

0-1-1-10												
Principal Place of Business			Mailing Address				I IARIIGA IIIO ISIIA SIIII BAIII SAIII SAII			IO IDIOI	111111001	
P.O. BOX 669 KENWOOD CA 95452-0669			P.O. BOX 669 KENWOOD CA 95452-0669									
								3. Date Incorporated or Qualified 04/16/1996	3a. Da	te of L	ast Re	eport
	Place of Business	-	Ra. Mailing Address					4. FEI Number		L	Ap	plied For
21 Suite, Apt.	# 010	26	Suite, Apt. #, etc.					68-1090434	4 1 - 1			
22 City & Sta	• • • •	27	City & State					5. Certificate of Status Desired S8.75 Additional Fee Required				
23	lo .		n ´					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country Zip			Country				Trust Fund Contribution				Fees
24	25 29 30				1 1			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
	9. Name and Address of Curre		tered Agent	11	T.			10. Name and Address of New Re		_		
THE	PRENTICE-HALL CORPORATION	N SYST	EM. INC.		81	Nar	ne				•	
1201 HAYS STREET					82 Street Addre			ss (P.O. Box Number is Not Acceptab	(n)			
SUI	TE 105					0	or Noore	as (1.0. box Number is Not Acceptab	10)			
- TAL	LAHASSEE FL 32301				в3							
					84	City			FI	85	Zip C	ode
11. Pursuant	to the provisions of Sections 607.05	02 and 6	07.1508, Florida Statu	ites, the a	bove	L e-nam	ed corpo	ration submits this statement for the p		chang	ina its	registered
Onice or	registered agent, or both, in the State am familiar with, and accept the oblig	e or Floric	ia. Such change was	authorize	:d bv	z the d	corporatio	on's board of directors. I hereby accep	the appo	pintmer	nt as r	egistered
SIGNATURE	and addept the oblig	911110110 01	, 000001 007.0500, 7	ionou otti	luica	J.						
SIGNATURE	Signature, typed or printed name of registered ag	gent and lifte	if applicable (NO	TE Registere	d Age	ent signa	iture required	when reinstating)	DATE			
12.	OFFICERS AN	ND DIREC		13.				ADDITIONS/CHANGES TO OFFIC	ERS AND	DIREC	TORS	3 IN 12
TITLE	P		DELETE	- 1.1 T	TLE					Cha	inge	☐ Addition
NAME	ISH, CHARLES B			1.2 N	AMF							
STREET ADDRESS	1921 E FOOTHILL			1.3 S	1REE1	ADORES	SS					
CITY-ST-ZIP TITLE	SANTA ROSA CA		Doctor		11Y-S	T-ZIP						
NAME	READING, WILLIAM D		DELETE	2.1 T			ŀ			Cha	inge	Addition
STREET ADDRESS	556 MICHAEL			2.2 N								
	SONOMA CA			E		ADDRE:	SS					
CITY-ST-ZIP	GONOMA OA		DELFTE	2 4 (3.1 T		ST-ZIP	 			Cha		Addition
NAME				3.2 N						0118	iige	Audition
STREET ADDRESS						ADDRES	25					
CITY-ST-ZIP						51 - 71P	~]					
TITLE			DELETE	411						Cha	nge	Addition
NAME				4 2 1	IAME		1				-	_
STREET ADDRESS				4 3 S	TREET	ADDRES	ss					
CITY-ST-ZIP				44C	ITY-S	T-ZiP						
TITLE			☐ DELETE	5 1 1	TLE					Cha	nge	Addition
NAME				5.2 N	AME							
STREET ADDRESS				5.3 \$	IREET.	ADDRES	s					
CITY-ST-ZIP				5.4 C	11Y-\$1	T - ZIP						
TITLE			☐ DELETE	6.1 Ti	TLE					Cha	nge	Addition
NAME				6.2 N	AME							
STREET ADDRESS				6.3 S	TREET.	ADDRES	is					
CITY-ST-ZIP	nu partification to the telephone of the second		- 70	6.4 C	1Y - S1	1- 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 point 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 of Block 12 of Block 2 of the corporation of the receiver or trustee.												