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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

BUFFALO	O BEER, INC.		:					
Principal Place of Business C/O JEFF ABBARNO 1501 N.W. 2ND AVE. BOCA RATON FL 33432-8623		Mailing Address C/O JEFF ABBARNO 1501 N.W. 2ND AVE. BOCA RATON FL 33432-1623					••••	
					Date Incorporated or Qualified 07/19/1984		of Last Re 1/1996	∌port
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		' 	plied For	
21 Suite, Apl 1		Suite, Apt #, etc.		\$9.75 A		t Applicable		
22	.,	27			5. Certificate of Status Desired		Fee Re	
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 (
Zip Country 24 25		Zip	Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			199.032,
	9. Name and Address of Curre				10. Name and Address of New Re			
	ARNO, JEFF		81	Name				
	NW 2ND AVE.		82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
BOO	A RATON FL 33432		83		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
			B4	City			85 Zip C	Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida State				·		FL		
office or re	orna, provisions of Sections 607.000 egistered agent, or both, in the Stati in familiar with, and accept the oblig	e of Florida. Such change was au	rihorized by t	the corporation	on's board of directors. Thereby accep	t the appoir	itment as i	registered
SIGNATURE	Signore e i type i de pinto ditra la letterg steri diag	oret anu title if applicable (NOTE:	Rea stered Agent	signature require	d when reinstating)	DATE		-
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	PCT ABBARNO, JEFF	[_] DELETE	1.1 TITLE 1.2 NAME			L	Change	Addition
NAME STREET ADDRESS	1501 NW 2ND AVE.		1.3 STREET A	DDRESS				
City - St - Zir	BOCA RATON FL			ZIP				
TITLE		DELETE 2					Change	Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET A	1				
CHTY - ST - ZIP TUTUF		DELETE	2. 4 CITY- ST-ZIP 3.1 TITLE				Change	Addition
NAME			3.2 NAME			_	_ change	riodilion
STREET ADDRESS			3.3 STREET A	DDRESS				
City - 51 - 749	3.4.		3.4. CHY-ST	- ZIP				
TITLE		☐ DELETE	4.1 TITLE			Ε	Change	Addition Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET A					
City-St-ZiP Tife	1 · · · · · · · · · · · · · · · · · · ·		4.4 CITY - ST - 5.1 TITLE	ZIP		. г	Change	Addition
NAM			5.2 NAME					
STREET ADDRESS			5.3 STREET A	DORESS				
CHY+S1+74P			5.4 CITY-ST-	ZIP				
TITLE		DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDE-SS			6.3 STREET A	DORESS				
City - St - ZiP 1.4 Lido boxeb	weather that the interest on security	id with while filling does not a wallit-	6.4 CITY - ST-		in Section 110 07/2\/ii\ Florida Statuta	a I further a	artifu that	tho
information Lam an of	reindicated on this annual report or ficer or director of the corporation.	supplymental annual report is truit for the processor or trustee employee	ne and accurated to execu-	ale and that te this report	in Section 119.07(3)(i), Florida Statute my signature shall have the same lega as required by Chapter 607, Florida S	l effect as if tatutes; and	made und that my n	der oath; that iame

SIGNATURE:

appears in Block 12 or Block 13

JUNEAND LYPED ON PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

3/17/97 (561)368-1164

FILED

Mar 21 1997 8:00am

Secretary of State