


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 09, 1999 8:00 am
Secretary of State

08-09-1999 90008 010 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L01863 ✓
 1. Corporation Name
ACAPPELLA NATURAL SPRING WATER INC.

Principal Place of Business 24627 C.R. 21 ORANGE SPGS. FL 32182 US	Mailing Address P. O. DRAWER A ORANGE SPGS. FL 32182 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address 3595 NW 110 St		3. Date Incorporated or Qualified 07/12/1989	
21	Suite, Apt. #, etc.	26	Miami, FL 33167	4. FEI Number 65-0136918	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent JOHNSON, PETER L. P.O. DRAWER A 246527 NO. HWY 21 ORANGE SPRINGS FL 32182				10. Name and Address of New Registered Agent	
				81 Name Kings Registered Agent Corp.	
				82 Street Address (P.O. Box Number is Not Acceptable) 100 SE 2nd STREET	
				83 2B Floor	
				84 City Miami	85 Zip Code FL 33131

11. Pursuant to the provisions of sections 607.0902 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 607.0905, Florida Statutes.

SIGNATURE *Michael Kosnitsky* **MICHAEL KOSNITSKY, President** **8/4/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CCEO	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JOHNSON, PETER L		1.2 NAME Gilbert Bigio	
STREET ADDRESS 24627 N. HWY. 21, P.O. DRAWER A		1.3 STREET ADDRESS 3595 NW 110 Street	
CITY-ST-ZIP ORANGE SPRINGS FL 32182		1.4 CITY-ST-ZIP Miami, FL 33167	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Allen Fleischer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LLOYD, VINCENT A		2.2 NAME President/CEO	
STREET ADDRESS 201 SOUTH SECOND STREET		2.3 STREET ADDRESS 3595 NW 110 Street	
CITY-ST-ZIP FORT PIERCE FL		2.4 CITY-ST-ZIP Miami, FL 33167	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ECHEVARRIA, HORACIO		3.2 NAME Clement Beyda	
STREET ADDRESS 7600 MAR DEL PLATA		3.3 STREET ADDRESS 3595 NW 110 Street	
CITY-ST-ZIP AGENTINA SO		3.4 CITY-ST-ZIP Miami, FL 33167	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE Officers	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME Reuven Bigio	
STREET ADDRESS		4.3 STREET ADDRESS 3595 NW 110 Street	
CITY-ST-ZIP		4.4 CITY-ST-ZIP Miami, FL 33167	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME Hy Vaupen	
STREET ADDRESS		5.3 STREET ADDRESS 3595 NW 110 Street	
CITY-ST-ZIP		5.4 CITY-ST-ZIP Miami, FL 33167	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *Hy Vaupen* **HY VAUPEN** **7/26/99** **305-714-7020**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)