


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

|  |   |  |
|--|---|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # L01863** ✓  
1. Corporation Name  
**ACAPPELLA NATURAL SPRING WATER INC.**



|   |   |
|---|---|
| Principal Place of Business<br>24627 C.R. 21<br>ORANGE SPGS. FL 32182<br>US | Mailing Address<br><del>P. O. DRAWER A</del><br><del>ORANGE SPGS. FL 32182</del><br><del>US</del> |
|---|---|

DO NOT WRITE IN THIS SPACE

|   |                           |  |  |  |  |
|---|---------------------------|--|--|--|--|
| 2. Principal Place of Business  |                           | 2a. Mailing Address <b>3595 NW 110 St</b>  |  | 3. Date Incorporated or Qualified<br><b>07/12/1989</b> |  |
| 21 Suite, Apt. #, etc.  | 26 <b>Miami, FL 33167</b> | 4. FEI Number<br><b>65-0136918</b>   |  | Applied For<br>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<br>Trust Fund Contribution <input type="checkbox"/> |  | \$5.00 May Be Added to Fees                            |  |
| 24 Zip  | 25 Country                | 29 Zip   |  | 30 Country   |  |
| 9. Name and Address of Current Registered Agent<br><b>JOHNSON, PETER L.<br/>P.O. DRAWER A 246527 NO. HWY 21<br/>ORANGE SPRINGS FL 32182</b> |                           |  |  | 10. Name and Address of New Registered Agent           |  |

|   |                             |
|---|-----------------------------|
| 81 Name<br><b>Kings Registered Agent Corp.</b>                                    | 85 Zip Code<br><b>33131</b> |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>100 SE 2nd STREET</b> |                             |
| 83 <b>28 Floor</b>  |                             |
| 84 City<br><b>Miami</b>   |                             |

11. Pursuant to the provisions of sections 607.0502 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 607.0505, 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CCEO<br/>JOHNSON, PETER L<br/>24627 N. HWY. 21, P.O. DRAWER A<br/>ORANGE SPRINGS FL 32182</b> <input checked="" type="checkbox"/> DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <b>Chairman<br/>Gilbert Bigio<br/>3595 NW 110 Street<br/>Miami, FL 33167</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>LLOYD, VINCENT A<br/>201 SOUTH SECOND STREET<br/>FORT PIERCE FL</b> <input checked="" type="checkbox"/> DELETE                     | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <b>Allen Fleischer<br/>President/CEO<br/>3595 NW 110 Street<br/>Miami, FL 33167</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>ECHEVARRIA, HORACIO<br/>7600 MAR DEL PLATA<br/>AGENTINA SO</b> <input checked="" type="checkbox"/> DELETE                          | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <b>Director<br/>Clement Beyda<br/>3595 NW 110 Street<br/>Miami, FL 33167</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE   | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <b>Officers<br/>Reuven Bigio<br/>3595 NW 110 Street<br/>Miami, FL 33167</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE   | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <b>Officer<br/>Hy Vaupen<br/>3595 NW 110 Street<br/>Miami, FL 33167</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE   | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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)

011426