SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

FILED AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Aug 27 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #
1. Corporation Name (1) OHM BEVERAGES, INC. Principal Place of Business Mailing Address % vandana bhatt G & V DISCOUNT BEVERAGE 2725 S US #1 1102 ALAMEDA AVE FT PIERCE FL 34982 DO NOT WRITE IN THIS SPACE FT PIERCE FL 34982 3. Date incorporated or Qualified 07/17/1989 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 26 65-0143891 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Country Zip 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BHATT, VANDANA 1102 ALAMEDA AVE Street Address (P.O. Box Number is Not Acceptable) FT PIERCE FL 34982 83 84 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PVD TITLE 1 1 TITLE Change Addition ___ DELETE BHATT, VANDANA NAME 12 NAME 1102 ALAMEDA AVE STREET ADDRESS 1.3 STREET ADDRESS FT PIERCE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TOUE ___ Change ___ Addition BHATT, VANDANA NAME 2.2 NAME 1102 ALAMEDA AVE STREET ADDRESS 2.3 STREET ADDRESS FT PIERCE FL 2.4 CITY-ST-ZIP CITY-ST-ZIP 3.1 TITLE TITLE DELETE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3,4 CITY-ST-ZIP 4.1 TITLE TITLE DELETE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE **5.1 TITLE** Channe Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change 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 697, Florida Statutes, and that my mame appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

MANAULANDANA AHIRI BHATT MANDANA SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP