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

	R BREW	ING COMPANY		(0)							
Principal Place of Business 7210 NW 77TH STREET MIAMI FL 33168 US			P.C #2 Mir	Mailing Address P.O. BOX 527561 #207 MIAMI FL 33152-7561							
			US	US			3. Date Incorporated or Qualified 10/31/1989		Date of Last 5/18/1996		
2. Principal P	lace of Busin	1088	2a. 26	2a. Mailing Address 26			4. FEI Number 65-0151740		-	Applied For Not Applicable	
Suite, Apt.	#, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional Required	
City & Stat	e			City & State				Election Campaign Financing Trust Fund Contribution		\$5.00	May Be
Zip 24	Zip Country		29	Zip C 29 30		Country		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No			
	9, Name	and Address of Curre	ent Regisi	 				10. Name and Address of New Re			
		HALL CORPORATION	on Syst	'EM, INC.	1	81	Name				
1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301							Street Addre	ess (P.O. Box Number is Not Acceptat	ole)		
						63					
						84	City		FL	-	Code
11. Pursuant office or r agent. I a	to the provisi registered ag im familiar wi	ions of Sections 607.05 jent, or both, in the Stat ith, and accept the obliq	:02 and 60 te of Floric galions of	07.1508, Florida Statu Ja. Such change was ., Section 607.0505, F	utes, the abo authorized Ilorida Statu	ove by tes	 named corporation the corporation 	oration submits this statement for the p ion's board of directors. I hereby acce	ourpose of pt the ap	of changing pointment a	its registered s registered
SIGNATURE	Signature, typed	or printed name of registered as			D1E: Registered	Aper	nt signature require	ad when reinstating)	DATE		
12.	- KK	OFFICERS AF	ND DIREC		13.		·	ADDITIONS/CHANGES TO OFFIC	CERS AN		
TITLE	PD	S EULINDUU M		DELETE	1.1 7(1)					Change	Addition
NAME PERFET ANDRESS	AAAA OBANDON BUUD ADT C			1104		NAME					
STREET ADDRESS CITY-ST-ZIP	MEN BLOCKWAIT TO			-1104			ADDRESS			-	
TITLE	1191	///// / L		DELETE	1.4 CITY 2.1 TITL		- 2117			☐ Change	Addition
NAME					2.2 NAM					L_ 0	
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP					2 4 CIT						
TITLE				DELETE	3.1 HTL					Change	Addition
NAME					3.2 NAN	ΛE					
STREET ADDRESS					3.3 \$1R	EET A	ADDRESS				
CITY-ST-ZIP				DEL ETE	3.4. C(1)		1-2IP				
TITLE				DELETE	4.1 1111					Change	Addilion
NAME PROSET ADDRESS					4. 2 NAM						
STREET ADDRESS CITY-ST-ZIP							ADORESS				
TITLE				DELETE	4.4 C(1) 5.1 1(1)		- 2112			Change	Addition
NAME					5.2 NAM						
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP					5.4 CITY						
TITLE			**************************************	☐ DELE1É	6.1 TITL					☐ Change	Addition
NAME	. 7.1				6.2 NAM	4E	1				
STREET ADDRESS					63 STRI	EET #	ADDRESS				
CITY_ST_7/P	*				6.4.CBV	/ . CT	מול				

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 report or suppremental 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 feceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if thangood, or on an attachment with an address.

FILED

Apr 21 1997 8:00am

Secretary of State