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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 18, 1999 8:00am Secretary of State

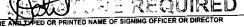
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K AND V	INC.				The contract and the first hen fill that	E BIBHI BIBHI BIBHI B	ALBU 91911 IBBL
						IZ OZBAN DIDAN DIDAN D	HAN AIAN JEBI
Principal Place	of Business	Mailing Address				•	
MICCO DISCOUNT BEVERAGE MICCO DISCOUNT BEVERAGE							
5675 MICCO RD #4		• • • • • • • • • • • • • • • • • • • •			DO NOT WRITE IN TH	IS SPACE	· · · · · · · · · · · · · · · · · · ·
MICCO FL 32976 MICCO FL 32976				3. Date Incorporated or Qualifed			
US		US			03/05/1990		· }
					4. FEI Number	Ap	pplied For
2. Principal Pla	ice of Business	2a. Mailing Address			59-3035512	No	ot Applicable
21		26				\$8.75	Additional
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Re	equired
22		27			6. Election Campaign Financing	\$5.00	May Be
City & State		City & State			Trust Fund Contribution		to Fees
23		28			This corporation owes the current year	Intangible	
Zip	Country		Country		Personal Property Tax.	⊠ Yes	□No
24	25	29 30			10. Name and Address of New Register	ed Agent	
	9. Name and Address of Currer	nt Registered Agent	81	Name	10. Italiio dia Additos		
			"				
	L, ROHIT		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
	MICCO RD.				The state of the s		- 3. VI 183
UNIT			83				
MICC	O FL 32976		84	City		85 Zip	Code
						. L	
44 Durayant t	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes, t	the above	e-named corp	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	e of changing it	egistered
office or re	egistered agent, or both, in the State	of Florida. Such change was autho	onzed by	the corporati	IOITS DUSING OF MITECROIS, FINERODY GOODER WAS THE	F	
			Statutes	i.	_		. 151 (1
agent. Far	n familiar with, and account the obliga	ations of, Section 607:0505, Florida	Statutes	i.	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	199	: 1. C
	Y CALL				ed when reinstating) DATE		
SIGNATURE	Signature, typed or printed hame of registered age	ent and title if applicable. (NOTE: Regi			ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
SIGNATURE	Signature, typed or printed hame of registered age OFFICERS AI		istered Ager		ed when reinstating) DATE		ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed hame of registered age OFFICERS AI	ent and title if applicable. (NOTE: Reg ND DIRECTORS	istered Ager		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed hame of registered age OFFICERS AI PVDS PATEL, ROHIT	ent and title if applicable. (NOTE: Reg ND DIRECTORS	13. 1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed harve of registered age OFFICERS AI PVDS PATEL, ROHIT 5675 MICCO RD. UNIT 4	ent and title if applicable. (NOTE: Reg ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed hame of registered age OFFICERS AI PVDS PATEL, ROHIT	ent and title if applicable. (NOTE: Reg ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	nt signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed hame of registered age OFFICERS AI PVDS PATEL, ROHIT 5675 MICCO RD. UNIT 4 MICCO FL 32976 T	ent and title if applicable. (NOTE: Reg ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE	nt signature require T ADDRESS	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
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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, with all other like empowered.

SIGNATURE:



1/3499 DE

Daytime Phone #