## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 24 1998 8:00am Secretary of State

	1330	5/1/3/5/10/10/10	JAP ORACIC	JN3		or State
1. Corporation	MENT # L9302 DEN-BREW, INC.	22 (6)				
Principal Plac	ce of Business	Mailing Address				ANI BLON BION BIANI DIANI ITALI
12399 SW	53RD ST	P. O. BOX 821610				
STE 104 S.		S. FLORIDA FL 33082			DO NOT WOITE IN THE	
COOPER CITY FL 33330 US		US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
					08/14/1990	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0214602	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required	
23 28		ı	ne		6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country		Trust Fund Contribution  8. This corporation owes or has paid the cur	Added to Fees
24	25		10		_	Yes No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered	Agent
	CHIODO, DANIEL J		81	Name		
2652 EDGEWATER DR			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
FT LAUDERDALE FL 33332			83			
			63			
			84	City	FL	85 Zip Code
11, Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statutes	the above	-named co	rnoration submits this statement for the surgeon of	changing its registered
office or i	registered agent, or both, in the State	of Florida, Such change was autons of Section 607 0505. Flori	thorized by	the corpora	ation's board of directors. I hereby accept the app	ointment as registered
SIGNATURE	The coops are coops and coops		da Staldies			
	Signature, typed or printed name of registered ag-		logislered Ager	nt signature requ	urred when reinstating) DATE	
12.	OFFICERS AN	D DIRECTORS	13.	-	ADDITIONS/CHANGES TO OFFICERS AND	
NAME	CHIODO, DANIEL J.	HIODO DANIEL J				☐ Change ☐ Addition
STREET ADORESS			1.2 NAME 1.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP			
TITLE			2 1 TITLE	-211		Change Addition
NAME	DAGIEN DIAME		22 NAME			
STREET ADDRESS	16267 ERIE PLACE		23 STREET	ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST	T-ZIP		
THILE			31 TITLE			☐ Change ☐ Addition
NAME	47000 ABM 047M AME		3 2 NAME			
STREET ADDRESS	17930 NW 84TH AVE MIAMI FL		3 3 STREET A			
CITY-ST-ZIP TITLE	D D	DELETE 4.1 TI		T- ZIP		Change Addition
NAME	CHIODO, LINDA	and some of	4. 2 NAME			
STREET ADDRESS	2652 EDGEWATER DR		4.3 STREET A	ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		4.4 CITY-ST	1		İ
TITLE		DELETE	5.1 TIFLE			Change Addition
NAME			52 NAME			
STREET ADDRESS			5.3 STREET A	ADDRESS		
CITY-S1-ZIP			5.4 CITY-ST	- ZIP		
TITLE NAME		□ Utitit	6.1 TITLE			Change Addition
STREET ADDRESS			6.2 NAME	hhorce		
CITY-ST-71P			6.3 STREET A			
			U.5 0111 - 31			

14. Thereby 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 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 energy great to execute this term as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment address.

SIGNATURE:

3-24-98

CR2E034 (10/9)