File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE LIMITED LIABILITY COMPANY 🚜 FLORIDA DEPARTMENT OF STATE **Katherine Harris** FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAR 17 All 8: 19 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE -\$: GRETART OF STATE TALLAHASSEE, PLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT #** L98000002146 1a. Principal Place of Business Address RTD BEVERAGE, L.C. 1201 PLACETAS AVENUE 1201 PLACETAS AVENUE CORAL GABLES FL 33146 CORAL GABLES FL 33146 3. Date Organized or Qualified 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 10/05/1998 FL Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 65~0868536 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Zip Country N/A \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name GAVIRIA, ANDRES Street Address (P.O. Box Nuntrante Med Assentable) 1201 PLACETAS AVENUE CORAL GABLES FL 3\$146 Suite, Apt. #, etc. Zip Code ons 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing by both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment 9. Pursuant to the provisions of Sections its registered office or registered agent as registered agent, and accept fi DATE 2.20.99. SIGNATURE indepenty. (NOTE Birgi Neves Agent's groups those to be at which receive that Managing Members 10. Title **Business Street Address** gers City, State and Zip Code MGRM COFFEECOL, INC. 1201 PLACETAS AVENUE CORAL GABLES FL MGRM U.S. BEVERAGE HOLDINGS 50 OAK CREST ROAD WEST ORANGE NJ ОФОЙО2819980---ф -03/26/99--01068---001 ****188.75 ****188.75 with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the impowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an 11 Idohereby certify that the information indicated on this annual report is true and a limited liability company or the receiver or trust attachment with an address. SIGNATURE:

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