Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90109 041 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	VIEN I # M1189	3							
BEVTEC	INT. CORP.						AL BURN BU	en elek even e	
		<del>_</del>							
Principal Place of Business Mailing Address									
13330 SW 128TH ST 13330 SW 128TH ST MIAMI FL 33186 MIAMI FL 33186									
MIAMI CE SSIGI	9	MINM IL DOIGO				DO NOT WRITE I	N THIS	SPACE	
						3. Date Incorporated or Qualifed 02/27/1985			
2. Principal Place of Business 2a. Mailing Add			is			4. FEI Number		Apı	plied For
21		26				59-2528372			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	]	\$8.75 A	1
22		27						Fee Re	
City & Stat	e	City & State				6. Election Campaign Financing Trust Fund Contribution S.00 May Be			
23	Country	Zip	Cou	intry		B. This corporation owes the current			31863
Zìp	25 Country	29	30	и по у		Personal Property Tax.	year mia		□No
24	9 Name and Address of Currer		1001			10. Name and Address of New Regi	stered /	Agent	
		<u> </u>	_	81	Name				_
	ASIUK, MICHAEL			82	Stroot Add	ress (P.O. Box Number is Not Acceptable	<u> </u>		
13330 SW 128 STR				02	Sileet Addi	iless (F.O. Dox Number is Not Acceptable	,		
MIAMI FL 33186				83					_
				84	City			85 Zip C	-aho^
				04	City		FL	65   Zip C	,,,,,,
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State rn familiar with, and accept the obliga	of Florida, Such change was a	authorized	i hvi	the corporate	poration submits this statement for the pur ion's board of directors. I hereby accept th	pose of o e appoin	changing its itment as rec	registered gistered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTI	E. Registered	Agen	t signature require		DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AN		RS IN 12 Addition
TITLE	VP	DELETE 1.1 T						Change	L J Addition
NAME	PARDO, PEDRO		1.2 NA						}
STREET ADDRESS				1.3 STREET ADDRESS					1
CITY-ST-ZIP				TY-ST	r-zip	·		☐ Change	Addition
TITLE	D DELETE 217						□ Criange		
NAME	PARDO, ALICIA 22N 5822 SW 144TH CIRCLE PL. 23S							}	
STREET ADDRESS	1.177.14.				ADDRESS				
TITLE			3.1 Ti	TIF	1.219		<u> </u>	Change	Addition
NAME	PANASIUK, ALICIA		3.2 N/					_ ,	
STREET ADDRESS	AGAL OUL GOSTIL OF		3.3 STREE		ADORESS				-
CITY-ST-ZIP	MIAMI FL		3.4. CITY-1						
TITLE	P	☐ DELETE		4.1 TITLE				☐ Change	Addition
NAME	PANASINK, MICHAEL		4. 2 N	IAME					Ì
STREET ADDRESS	8931 S.W. 200TH ST.		4.3 5	TREET	TADDRESS				}
CITY-ST-ZIP	MIAMI FL		4.4 CI	ITY-\$1	T-21P				
TITLE		☐ DELETE	5.1 TI	πE				☐ Change	☐ Addition
NAME			5.2 N/	AME		• • • • • • • • • • • • • • • • • • • •			
STREET ADDRESS			5.3 S	TREET	T ADDRESS				
CITY-ST-ZIP	<u></u>		_	ITY-ST	r-zip			C7.0:	
TITLE		☐ DELETE	6.1 Ti					Change	☐ Addition
NAME	1		6.2 N/	AME					)

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 attackment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

YONASIUK - ALICIA PANASIUK
YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR