## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # M300 Name BEVERAGE SERVICES,	` '						1111 1111 1111
Principal Place of Business C/O JESUS SANCHEZ 12800 S.W. 83 CT.		Mailing Address C/O JESUS SANCHEZ 12800 S.W. 83 CT.	C/O JESUS SANCHEZ					
MIAMI FL 331!	<b>50</b>	MIAMI PL 33130			<ol> <li>Date incorporated or Qualified 04/07/1986</li> </ol>	1	te of Last R 05/01/19	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number			Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			<b>59-2662100 5.</b> Certificate of Status Desired			Not Applicable  5 Additional
City & State		City & State	City & State		Sertificate of Status Desired     Section Campaign Financing			Required
23		28	28		Trust Fund Contribution		Adde	00 May Be ed to Fees
Zip 24	Country 25	Zip <b>29</b>	Country 30		8. This corporation has liability for Florida Statutes	intangible No	tax under s	199.032,
	9. Name and Address of Curi				10. Name and Address of New F	legistered	J Agent	
CVNUHE	z, jesus	81	Name	/D O. Da. Alica has is Alah Associated	(a)			
12800 S.	W. 83 CT.		82		ress (P.O. Box Number is Not Acceptat	 		
MIAMI FL	. 33156		83					
			84	City		F	85 Z	ip Code
familiar with	n, and accept the obligations of, Se signature, typed or printed name of registered as	oction 607.0505, Florida Statutes.	TE Registered Ager		and of directors. I hereby accept the app and when renataling: ADDITIONS/CHANGES TO OFF	DATE		
TITLE	PD	DELETE	1. 1 TITLE				Change	☐ Addition
NAME STREET ADDRESS	SANCHEZ, ROSA 12800 S.W. 83 CT.		1.2 NAME 1.3 STREET	ADDRESS				
City-St-7/P	MIAMI FL		1.4 CITY - S					
THILE NAME	STD SANCHEZ, JESUS	DELETE	2 1 TITLE 2 2 NAME				☐ Change	☐ Addition
STREET ADDRESS	12800 S.W. 83 CT.		2 3 STREET	ADDRESS				
City - St - ZiP	MIAMI FL	DELETE	2 4 DITY - S 3 1 TITLE	ST- ZIP			[] Change	Addition
NAME		32)						
STREET ADDRESS				T ADDRESS				
CITY - S1 - ZIP TITLE		3 DELETE 4		ST - ZIP			Change	Add-tion
NAME		_	4.2 NAME					
STREET ADDRESS			4.3 STREET					
TITLE		DELETE	4.4 CITY- S 5.1 TIFLE	ST - ZIP			[ ] Change	Addition
NAME		<b></b>	5.2 NAME					_
STREET ADDRESS			5 3 STREET					
CITY-ST-ZIP		□] DELFTE	5.4 CHY-5 6.1 TITLE	ST - 21P			Change	☐ Addition
TITLE NAME			62 NAME				L. Change	L. Madition
STREET ADDRESS			63 STREET	ADDRESS				
CHY-S1-ZIP	AT 41 A 41 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	al mah attis dila is maken and d	64 CITY-S		for the exemption stated in Contract 110	07(2)(13.5	Ibrida Ctat	itae 16 idha-
cedify that oath; that I appears in	the information indicated on this a am an officer or director of the co Block 12 or Block 13 if shanged, i	nnual report or supplemental anni rporation or the receiver or trusted	ual report is tri e empowered	ue and accurate th	for the exemption stated in Section 119 ate and that my signature shall have the is report as required by Chapter 607, F	orioliki, r same leg lorida Stat	ionida Statu al effect as utes; and th	nes. I further if made under nat my name
SIGNAT	SIGNATURE AND TYPE	OR PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR		Oale		Daytinie Phone	