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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # M30035

(3)

UNITED BEVERAGE SERVICES, INC.

FILED
May 02 1997 8:00am
Secretary of State

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Principal Place of Business 1C/O JESUS SANCHEZ 12600 S.W. 83 CT. MIAMI FL 33156 2. Principal Place of Business 21 Suitc. Apt. #, efc.		C/O JESUS SANCHEZ 12800 S.W. 83 CT. MIAMI FL 33158-5925 2a. Mailing Address 26 Suite, Apt. #, etc.		 3. Date Incorporated or Qualified 04/07/1986 4. FEI Number 59-2662100 5. Certificate of Status Desired 	d Sa. Date of Last Report 04/23/1996 Applied For Not Applicable \$8.75 Additional Fee Required			
City & State	()	City & State			Election Campaign Financing	······································		May Be
23					Trust Fund Contribution	Added to Fees		
Ζφ 24	Country 25	7ip Country 30		8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes				
24	9. Name and Address of Cur		[30]		10. Name and Address of New Re			
128	ICHEZ, JESUS 00 S.W. 83 CT. MI FL 33156		81 82 83		ress (P.O. Box Number is Not Acceptal	ole)		
			84	City		FL	85 Zig	o Code
agent La SIGNATURE	on familiar with, and accept the ob-	agert and title if applicable. AND DIRECTORS	(NOTE Registered Ag	s. 	poration submits this statement for the tion's board of directors. I hereby acceured when reinstaling) ADDITIONS/CHANGES TO OFFI	DATE	DIRECTO	DRS IN 12
TITLE NAME STREET ADDRESS CITY ST. 7-P	PD SANCHEZ, ROSA 12800 S.W. 83 CT. MIAMI FL	☐ DELETE	1.2 NAME 1.3 STREE 1.4 CITY-	T ADDRESS			Change	
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CHY-ST 7P			6.4 CITY-					

14. Los 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 inclicated 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 op an attachment with an address.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

FECER OF DIRECTOR

212-3/62