

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P16644** (7)

1. Corporation Name

CANDY-CO BEVERAGE DISTRIBUTION INC.



Principal Place of Business

Mailing Address

**300 LEO PARISEAU #2000
PO BOX 989 PLACE DU PARC
MONTREAL QUEBEC H2W2N1**

**300 LEO PARISEAU #2000
PO BOX 989 PLACE DU PARC
MONTREAL QUEBEC H2W2N1**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BATSEL, C. GUY
1861 PLACIDA ROAD, S-104
ENGLEWOOD FL 34224**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent or director or officer

Signature typed or printed name of registered agent or director or officer

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PO
KRAGARIS, ANDREAS
3315 MCCARTHY
ST. LAURENT, QUEBEC**

☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
KARAMITSOS, BILL
1871 ST. ALEXANDRE
LONGUEUIL, PQ**

☐ DELETE

2. TITLE
3. NAME
4. STREET ADDRESS
5. CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP

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6. TITLE
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8. STREET ADDRESS
9. CITY - ST - ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attachment with an address.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREAS KRAGARIS President

April 10/1996 (514) 663-1165

Date

Phone Number

CR2E034 (12/95)