

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

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P32378 (2)
 1. Corporation Name
CAP BEVERAGE CORPORATION



Principal Place of Business 2233 N W 79TH AVE MIAMI FL 33122 US	Mailing Address 2233 N W 79TH AVE MIAMI FL 33122-1618 US
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2. Principal Place of Business 21 7959 NW 21st Street State, Apt. #, etc. 22 City & State 23 Miami, Fl Zip 24 33122	2a. Mailing Address 26 7959 NW 21st Street State, Apt. #, etc. 27 City & State 28 Miami, Fl Zip 29 33122	30 USA
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3. Date Incorporated or Qualified 11/21/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 52-1522910	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

EVANS, LAWRENCE S ESQ
2233 N W 79TH AVE
MIAMI FL 33122

10. Name and Address of New Registered Agent

81 Name Evans, Lawrence
82 Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Ave Suite 1900
83
84 City Miami FL 85 Zip Code 33131

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP NAME FRANCISCO, RAUL SOUZA STREET ADDRESS 2233 N W 79TH AVE CITY- ST- ZIP MIAMI FL 33122	<input type="checkbox"/> DELETE	1.1 TITLE DP 1.2 NAME Francisco, Raul Souza 1.3 STREET ADDRESS 7959 NW 21st Street 1.4 CITY- ST- ZIP Miami, Fl 33122	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME FRANCISCO, RICARDO STREET ADDRESS 2233 N W 79TH AVE CITY- ST- ZIP MIAMI FL 33122	<input type="checkbox"/> DELETE	2.1 TITLE VPD 2.2 NAME Francisco, Ricardo 2.3 STREET ADDRESS 7959 NW 21st Street 2.4 CITY- ST- ZIP Miami, Fl 33122	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME EVANS, LAWRENCE S STREET ADDRESS 2233 N W 79TH AVE CITY- ST- ZIP MIAMI FL 33122	<input type="checkbox"/> DELETE	3.1 TITLE S 3.2 NAME Evans, Lawrence S 3.3 STREET ADDRESS 701 Brickell Ave Suite 1900 3.4 CITY- ST- ZIP Miami, Fl 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 attachment with an address

SIGNATURE:  **4/14/97 (305) 594 0476**
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)