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PROFIT CORPORATION -ANNUAL REPORT

1999

DOCUMENT # P32378



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

May 03, 1999 8:00 am Secretary of State

05-03-1999 90017 028 ***150.00

 Corporation 	n Name											
CAP BEVERAGE CORPORATION							l'					
ON DE								1188	(1881-188-1918-1988-1911-1 8			ITOTA DIGITALIA
												(18)
Principal Place	e of Busines		M	lailing Address					{ 		III B roti bioli	HYDRI DIDILITERI
•		Ū		69 NW 21ST STREET								
7959 N.W. 21ST STREET 7959 NW 21ST STREET MIAMI FL 33122 MIAMI FL 33122												
US US							DO NOT WRITE IN THIS SPACE					
		•							orporated or Qualifed			
	•							11/21/			- 1 1 .	
2. Principal Place of Business				2a. Mailing Address				4. FEI Num		Applied For		
21 26								52-152	2910			ot Applicable
Suite, Apt. #, etc Suite, Apt. #					•			5. Certifcate	e of Status Desired	3	•	Additional equired
22 27							•••					
City & State	e .		<u> </u>	City & State					Campaign Financing nd Contribution		•	May Be to Fees
23	* *	Country	28		Cou	ntn/			<u> </u>			to rees
Zip				ΖIÞ	Country 30			8. This corporation owes the current year Intangible Personal Property Tax. □ Yes □ No				
24	9 Name	25 and Address of Curre		stered Agent	1301				nd Address of New F	Registered A		
·	3. (Valle	and Address of Corre	me ivega	storou Agent		81	Name	10, 1-4,,,,	<u></u>		•	
EVAI	NS, LAWRE	ENCE S ESQ						(2.0.0.1		-1-1-1		
701 BRICKELL AVENUE., SUITE 1900						82	Street A	ddress (P.O. Box N	lumber is Not Accepta	able)		ĺ
MIAMI FL 33131						83				 -		
	•										-	
						84	City			FL	85 Zip	Code
11 Pursuant	to the provis	sions of Sections 607.05	02 and 6	307.1508. Florida Statut	es. the al	bove	-named c	orporation submits	this statement for the	nurnose of o	hanging its	registered
n no ediffo	egistered ag	gent, or both, in the State ithe and accept the oblig	e of Flori	da. Such change was a	uthorized	l by t	ine corpor	ation's board of dir	ectors. I hereby accep	ot the appoin	tment as re	gistered
agent. i a	an ramular w	in and accept the oblig						_	1/22/59			
SIGNATURE	Signature, typed	d or printed name of registered ag		if applicable. (NOTE	: Registered	Agent	t signature req	uired when reinstating)	110111	DATE		
12.		OFFICERS A	ND DIRE	ECTORS	13.			ADDITION	IS/CHANGES TO OF	FICERS AND		
TITLE	DP			☐ DELETE	1.1 711	LΕ					Change	☐ Addition
NAME :		ICO, RAUL SOUZA			1.2 NA	ME						
STREET ADDRESS	7959 NW	21ST STREET	TOPO ANY OVOT OTDEET						3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL				1.3 ST	REET						
TITLE	100				1.3 ST 1.4 CF		-ZIP					
NAME	VPD ·			☐ DELETE		TY-ST	-ZIP				Change	Addition
NAME	, –	CO, RICARDO		☐ DELETE	1.4 CF	TY-ST	-ZIP				Change	☐ Addition
STREET ADDRESS	FRANCIS			☐ DELETÉ	1.4 CF 2.1 TF 2.2 NA	TY-ST ILE IME	ADDRESS	· · · · · · · · · · · · · · · · · · ·			Change	☐ Addition
	FRANCIS	SCO, RICARDO / 21ST STREET			1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF	TY-ST TLE IME REET	ADDRESS		····			_
STREET ADDRESS	FRANCIS 7959 NW MIAMI FL S	CO, RICARDO / 21ST STREET		☐ DELETÉ	1.4 CF 2.1 TF 2.2 NA 2.3 ST	TY-ST TLE IME REET	ADDRESS T- ZIP	5			Change	Addition
STREET ADDRESS	FRANCIS 7959 NW MIAMI FL S EVANS, I	CO, RICARDO / 21ST STREET - LAWRENCE S			1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF	TY-ST TLE IME REET TTY-ST	ADDRESS T- ZIP		whence s		Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE	FRANCIS 7959 NW MIAMI FL S EVANS, I 701 BRIG	CO, RICARDO / 21ST STREET - LAWRENCE S CKELL AVENUE., STE	- 190 0		1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF 3.1 TH 3.2 NA	TY-ST TLE IME REET ITY-ST TLE	ADDRESS T- ZIP		whence s	S. E SU 17	Change	Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	FRANCIS 7959 NW MIAMI FL S EVANS, I 701 BRIG	CO, RICARDO / 21ST STREET - LAWRENCE S CKELL AVENUE., STE	! 1900		1.4 CF 2.1 TTT 2.2 NA 2.3 ST 2.4 CF 3.1 TTT 3.2 NA 3.3 ST 3.4. CF 4.1 TTT	TY-ST TLE ME REET TY-ST TLE ME REET TY-ST	ADDRESS T- ZIP		Whence s Druga Ava Abves, Fl	: 102 3 1126	Change	Addition
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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 attachment with an address, with all other like empowered.