

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 AM 9:15

DOCUMENT # P93000007338 (5)

1. Corporation Name

PRINCE-WIEST BREWING COMPANY, INC.

Principal Place of Business

P.O. BOX 3301
HALLANDALE FL 33008

Mailing Address

P.O. BOX 3301
HALLANDALE FL 33008

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/26/1993

3a. Date of Last Report

11/14/1994

4. FEI Number

65-0385415

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 11430 N Kendall Drive

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

23 Miami, FL

27 City & State

28 City & State

24 Zip

24 33176

Country

25 D.C.

29 Zip

30 Country

9. Name and Address of Current Registered Agent

WIEST, BRIAN D
101 NORTH BIRCH ROAD
APT. 105
FORT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

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 and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 13-14 (change) or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/95

305/273-5666

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**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P93000008562 (9)

1. Corporation Name

ABAER SERVICES, INC.

Principal Place of Business
**4749 121ST TERRACE NORTH
ROYAL PALM BEACH FL 33411**

Mailing Address
**4749 121ST TERRACE NORTH
ROYAL PALM BEACH FL 33411**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/29/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0390105	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 120.022, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**PORRO, HILDA M
13857 WELLINGTON TRACE
SUITE D-1
WEST PALM BEACH FL 33414**

10. Name and Address of New Registered Agent

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME SCHIEF, WALTER P	11 TITLE	☐ Change ☐ Addition
STREET ADDRESS 4749 121ST TERRACE NORTH		12 NAME	
CITY - ST - ZIP ROYAL PALM BEACH FL 33411		13 STREET ADDRESS	
		14 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	NAME	21 TITLE	☐ Change ☐ Addition
STREET ADDRESS		22 NAME	
CITY - ST - ZIP		23 STREET ADDRESS	
		24 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	NAME	31 TITLE	☐ Change ☐ Addition
STREET ADDRESS		32 NAME	
CITY - ST - ZIP		33 STREET ADDRESS	
		34 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	NAME	41 TITLE	☐ Change ☐ Addition
STREET ADDRESS		42 NAME	
CITY - ST - ZIP		43 STREET ADDRESS	
		44 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	NAME	51 TITLE	☐ Change ☐ Addition
STREET ADDRESS		52 NAME	
CITY - ST - ZIP		53 STREET ADDRESS	
		54 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	NAME	61 TITLE	☐ Change ☐ Addition
STREET ADDRESS		62 NAME	
CITY - ST - ZIP		63 STREET ADDRESS	
		64 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 110.07(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: *Walter Schief* WALTER SCHIEF 6-19-95 407-254-3726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/95)