FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 19 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000007385 (6)**

1. Corporation Name
BEERBABIES, INC.

Principal Place of Business	Mailing Address
315 FLAGLER AVE NEW SMYRNA BCH. FL 32169	315 FLAGLER AVE NEW SMYRNA BCH. FL 32169

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/25/1993
3a. Date of Last Report: 08/15/1994

2. Principal Place of Business	2a. Mailing Address
21 322 Flagler Ave	26 322 Flagler Ave
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: New Smyrna Bch, FL	28 City & State: New Smyrna Bch, FL
24 Zip: 32169 25 Country: U.S.	29 Zip: 32169 30 Country: U.S.

4. FEI Number: 59-3169551 ☐ 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

9. Name and Address of Current Registered Agent

HOUNSOM, SUSAN E
315 FLAGLER AVE
NEW SMYRNA BCH. FL 32169

10. Name and Address of New Registered Agent

81 Name: Nicholas Santos
82 Street Address (P.O. Box Number is Not Acceptable): 2540 Glenwood Ave or 322 Flagler Ave
83
84 City: New Smyrna Bch FL 85 Zip Code: 32169

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: Nick Santos Nick Santos (President) DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	CROTEAU, ARNOLD	1.2 NAME	Nicholas Santos	
STREET ADDRESS	315 FLAGLER AVE.	1.3 STREET ADDRESS	2540 Glenwood Ave	
CITY-ST-ZIP	NEW SMYRNA BCH. FL	1.4 CITY-ST-ZIP	New Smyrna Bch, FL 32169	
TITLE	STD	2.1 TITLE	ST	☒ Change ☐ Addition
NAME	HOUNSOM, SUSAN E	2.2 NAME	Colleen Majury Santos	
STREET ADDRESS	611 GARFISH AVE	2.3 STREET ADDRESS	2540 Glenwood Ave.	
CITY-ST-ZIP	NEW SMYRNA BCH. FL 32169	2.4 CITY-ST-ZIP	New Smyrna Bch, FL 32169	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: Nicholas Santos Nicholas Santos (PRES) 4/11/95 (AH) 406-2655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018011 CP