

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

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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 # **P93000022791 (6)**

1. Corporation Name

GUARANA BEVERAGE CORPORATION

Principal Place of Business

**2233 NW 79TH AVE
MIAMI FL 33122
US**

Mailing Address

**2233 NW 79TH AVE
MIAMI FL 33122-1618
US**



2. Principal Place of Business 21 7959 NW 21st Street Suite, Apt. #, etc. 22 City & State 23 Miami, Fl Zip 24 33122 Country 25 USA		2a. Mailing Address 26 7959 NW 21st Street Suite, Apt. #, etc. 27 City & State 28 Miami, Fl Zip 29 33122 Country 30 USA		3. Date Incorporated or Qualified 03/24/1993	3a. Date of Last Report 05/01/1996
		4. FEI Number 65-0402488		Applied For 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 NW 79TH AVE
MIAMI FL 33122**

10. Name and Address of New Registered Agent

81 Name **Evans, Lawrence S**
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

Signature of officer, director, or registered agent (and if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	FRANCISCO, RAUL SOUZA	1.2 NAME	Francisco, Raul S
STREET ADDRESS	2233 NW 79TH AVE	1.3 STREET ADDRESS	7959 NW 21st Street
CITY-ST-ZIP	MIAMI FL 33122	1.4 CITY-ST-ZIP	Miami, Fl 33122
TITLE	VPD	2.1 TITLE	VPD
NAME	FRANCISCO, RICARDO	2.2 NAME	Francisco, Ricardo
STREET ADDRESS	2233 NW 79TH AVE	2.3 STREET ADDRESS	7959 NW 21st Street
CITY-ST-ZIP	MIAMI FL 33122	2.4 CITY-ST-ZIP	Miami, Fl 33122
TITLE	S	3.1 TITLE	S
NAME	EVANS, LAWRENCE S	3.2 NAME	Evans, Lawrence S
STREET ADDRESS	2233 NW 79TH AVE	3.3 STREET ADDRESS	701 Brickell Ave Suite 1900
CITY-ST-ZIP	MIAMI FL 33122	3.4 CITY-ST-ZIP	Miami, Fl 33131
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97

Date

(305) 594 0476

Daytime Phone #

0161897

CR2E034 (9/96)