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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P93000022791**1. Corporation Name

GUARANA BEVERAGE CORPORATION								
	•					I 1 80 37 88 1 73 0 18180 71171 80 711 80 118		
,	·							
Principal Place of Business Mailing Address							,	
7959 NW 21ST STREET 7959 NW 21ST STREET								
MIAMI FL 33122 MIAMI FL 33122 US US						DO NOT WRITE	IN THIS SPACE	
03		00				3. Date Incorporated or Qualifed		
	·					03/24/1993		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21		26				65-0402488	No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #						5. Certificate of Status Desired	⇒ \$8.75 /	1
27 27							Fee Re	equired
City & State . City & State						6. Election Campaign Financing		May Be
23	28	Zip Country			Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible			
Zip				our itry		8. This corporation owes the curren Personal Property Tax.	year intangible	□No
24	9. Name and Address of Current	Registered Agent	[30]	Т		10. Name and Address of New Re		
	5. Italie and Address of Curron			81	Name			
EVAI	NS, L'AWRENCE S ESQ			-		Address (D.O. Day Number in Not Assertable	-)	
701 BRICKELL AVE., SUITE 1900			82	Street	Address (P.O. Box Number is Not Acceptabl	=)		
MIAMI FL 33131			83					
	•			84	City		85 Zip 6	Code
•							FL	
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		swrence S.	TUA.	ms		. 1 4	129/55	
					t signature r	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE AND DIRECTO	DPS IN 12
12.	PD OFFICERS AND	DELETE	111	TITLE		ADDITIONS/CHANGES TO OFFIC	☐ Change	Addition
NAME			NAME					
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP	and a state of the		CITY-S					
TITLE			TITLE		1000	. Change	☐ Addition	
NAME			NAME					
STREET ADDRESS	TOTA NOW OACT CODET		STREET	ADDRESS	· ·	*		
CITY-ST-ZIP			CITY-S	T-ZIP				
TITLE	1		TITLE		S	Change	☐ Addition	
NAME	EVANS, LAWRENCE S		3.2	NAME		EVANS, LAWRENCE 1570 MADRUGA AV	<u> </u>	211
STREET ADDRESS	701 BRICKELL AVENUE., SUITE	1900			ADDRESS	1570 MADRUGA AV	2 20116 -	C 1 1
CITY-ST-ZIP	MIAMI FL			CITY-S	T-ZIP	CORM CABLES, FL	<u> </u>	☐ Addition
TITLE		•		TITLE	,	•	☐ Change	☐ Hadiabit
NAME			NAME			•		
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			CITY-S'	r-zip		, ☐ Change	Addition	
TITLE		Inciete	■ C 4 1	TITL =				
NAME STREET ADDRESS		☐ DELETE		TITLE NAME			, <u> </u>	
		U DELETE	5.2	NAME	ADDRESS		,	. Addison
l .		U DELETE	5.2 5.3	NAME	ADDRESS		,	. Addition
CITY-ST-ZIP	· .	. □ DELETE	5.2 5.3 5.4	name Street			Change	☐ Addition
	· ,		5.2 5.3 5.4 6.1	NAME STREET CITY-S				· !

CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

