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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Sccretary of State

FILED Feb 16 1998 8:00am Secretary of State

•	1998	DIV	ISION OF COP	RPORATIONS]	Scorciary	OISU	aic
	MENT # P94 Ombay beverages	4000007115 S, INC.	5 (6)			I LOCALOGI NA JANI ZIBIL BANI BANI BANI	1 KB141 46 141 18814 148 8 1	11 15) C 31 151)
Principal Place	Mailing Addre				t semtimat tall allett millt matte Antitt matte	#Bojs Galit 1888 1186)	11841 8111 1841	
			5815 S. DIXIE HWY. WEST PALM BEACH FL 33405			·		
11201 171241		17201 111011	DE.107112 0011	••	Ĺ	DO NOT WRITE I	N THIS SPACE	
						 Date Incorporated or Qualified 01/26/1994 		
	ace of Business	2a. Mailirig Ac	ldress			4. FEI Number	<u> </u>	Applied For
Suite, Apt	# Old	[26] Suite, Apt.	# 610			65-0468351		Not Applicable Additional
22	# , U.G.	27	#, Old.			5. Certificate of Status Desired		Required
City & State	0	City & Stat	l Ü			Election Campaign Financing	\$5.0	O May Be
23		28				Trust Fund Contribution		d to Fees
Zip	Country	7ip	ļ	Country	1	8. This corporation owes or has pale		
24	25 Name and Address of	29 of Current Registered Agen	30	ــــــــــــــــــــــــــــــــــــــ		Personal Property Tax due June 3 10. Name and Address of New Reg		∐ No
ĐA.	TEL, JAY	or button trogramme Agen		81 Nam		10. Italio una recurso di itoli itog	iotoroo Aigorit	
	12 FOREST HILL GARDE	N RIVO			-	(0.0 D. N. J. J. M. A. J.		
#2		5215.		82 Stree	at Address	s (P.O. Box Number is Not Acceptable	э	ł
	ST PALM BEACH FL 33	415		83				
				84 City			B5 Zij	p Code
						ation submits this statement for the pu		·
agont I a	m familiar with, and accept			a Statutes.		's board of directors. I hereby accept	DATE	
12.	OFLic	CERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	p		DELFTE	1.1 TITLE			☐ Change	e L Addition
NAME	PATEL, JAY	SARDEN BLUD 4000		1.2 NAME	-			
STREET ADDRESS	6112 FOREST HILL G WEST PALM BEACH			1.3 STREET ADDRESS	\$			
CITY-ST-ZIP TITLE	WEST FALM DEACH		DELFTE	1.4 CITY-ST-ZIP			Change	e Addition
NAME		J		22 NAME			C. Cinary	,
STREET ADDRESS				2.3 STREET ADDRESS	s l			
CITY-ST-ZIP			4	2. 4 CITY-ST-ZIP	1			
TITLE			DELETE	31 TITLE			Change	e Addition
NAME				: 3.2 NAME	1			
STREET ADDRESS				3.3 STREET ADDRESS	s			
CITY-ST-ZIP TITLE	·	·····	DELETE	3.4. CITY-ST-ZIP	 -		☐ Change	e Addition
NAME		L	Decine	4. 2 NAME	1			,
STREET ADDRESS				4.3 STREET ADDRES	is l			
CITY-SI-ZIP				4.4 CITY-ST-ZIP				
TITLE			DECETE	5.1 TITLE	1		☐ Change	e Addition
NAME				5.2 NAME	1			
STREET ADDRESS				5.3 STREET ADDRES	s			
CITY-ST-ZIP TITLE		N	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE			☐ Change	e Addition
NAME		//	DECEM	6.2 NAME			CT OPERATE	· LI Addition
STREET ADDRESS		1/,		6.3 STREET ADDRES	s			
CITY-ST-ZIP				6.4 CITY-ST-ZIP	1			
14. I hereby o	ortify that the information si	upplied with this lying does r	of qualify for the	he exemption sta	ated in Se	ction 119.07(3)(i), Florida Statutes, I f	urther certify that the	he information
officer or Black 12	on this annual report or sup director of the corporation of or Block 13 if changed, or o	apreint staff trinuar report is to if the n-colvey or fruit to emr in an artar time at with an ear	oc and accura rowered to exe	ecute this report	as require	ction 119.07(3)(i), Florida Statutes, I f shall have the same legal effect as if i ed by Chapter 607, Florida Statutes; a	ind that my name a	appears in

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