SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P94000012833 (7)**

1. Corporation Name
M.C. MASSAD COLA, INC.

Principal Place of Business	Mailing Address
4808 N.W. 79 AVE. SUITE 16 MIAMI FL 33166	% HOLLAND & KNIGHT 701 BRICKELL AVE. MIAMI FL 33166

3. Date Incorporated or Qualified: **02/16/1994**
3a. Date of Last Report: **09/14/1995**

2. Principal Place of Business (21): **3016 NW 82nd Avenue**
Suite, Apt #, etc (22): **-**
City & State (23): **Miami-Florida**
Zip (24): **33122** Country (25): **USA**

2a. Mailing Address (26): **3016 NW 82nd Avenue**
Suite, Apt #, etc (27): **-**
City & State (28): **Miami-Florida**
Zip (29): **33122** Country (30): **USA**

4. FEI Number: **65-0467429** ☐ 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
KOENIGSBERG, JAY P.A.
1101 BRICKELL AVE.
SUITE 704
MIAMI FL 33131

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☐ DELETE	11 TITLE	PD	☒ Change ☐ Addition
NAME	COLA, CAMILO		12 NAME	COLA, CAMILO	
STREET ADDRESS	4805 N.W. 79 AVE., SUITE 16		13 STREET ADDRESS	3016 NW 82nd Avenue	
CITY-ST-ZIP	MIAMI FL 33166		14 CITY-ST-ZIP	Miami-Fl 33122	
TITLE	VPD	☐ DELETE	21 TITLE	VPD	☒ Change ☐ Addition
NAME	COLA, CAMILO F		22 NAME	COLA, CAMILO F	
STREET ADDRESS	4805 N.W. 79 AVE., SUITE 16		23 STREET ADDRESS	3016 NW 82nd Avenue	
CITY-ST-ZIP	MIAMI FL 33166		24 CITY-ST-ZIP	Miami-Fl 33122	
TITLE	MDP	☐ DELETE	31 TITLE	D	☒ Change ☐ Addition
NAME	SCATENA, RENATO		32 NAME	SCATENA, RENATO	
STREET ADDRESS	4805 N.W. 79 AVE., SUITE 16		33 STREET ADDRESS	3016 NW 82nd Avenue	
CITY-ST-ZIP	MIAMI FL 33166		34 CITY-ST-ZIP	Miami-Fl 33122	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

800001897338
-07/18/96--01008--020
***8.75

100001897341
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***225.00

CR2E034 (3/96)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rita Adkinson for Jay Koenigsberg, P.A. 7/10/96 (305) 569-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RITA ADKINSON - JAY KOENIGSBERG