

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:21

DOCUMENT # P94000023229 (5)

1. Corporation Name

SOUTH BEACH SMOOTHIE CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

% MR. BRIAN HAL LESLIE
5400 S.W. 92 STREET
MIAMI FL 33156

Mailing Address

% MR. BRIAN HAL LESLIE
5400 S.W. 92 STREET
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1994

3a. Date of Last Report

First

2. Principal Place of Expiration

2a. Mailing Address

21

26

4. FEI Number

Applied For

☒ Not Applicable

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under § 199.032,
Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LESLIE, BRIAN H MR.
5400 S.W. 92 STREET
MIAMI FL 33156

81 Name

82 Street Address, if C. Box Number is Not Acceptable

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.06(2) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to a 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 607.06(2), Florida Statutes.

SIGNATURE

Signature of person who is not a director, officer, or shareholder of the corporation

Signature of person who is a director, officer, or shareholder of the corporation

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	DIRECTOR BRIAN H. LESLIE 5400 SW 92 ST MIAMI, FLA 33156
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	PRESIDENT BRIAN H. LESLIE 5400 SW 92 ST MIAMI, FLA 33156
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
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CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

1. NAME	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. NAME	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. NAME	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. NAME	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	
17. NAME	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.032 and 199.033, Florida Statutes. I further certify that the information furnished in this report is supplied in full and is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or persons who have authorized this report as required by Chapter 607, Florida Statutes, and that my name appears in the list of officers, directors, and shareholders of the corporation.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95

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669.0200