

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P940000035688

1. Corporation Name

SUAVE VENDING INC

Principal Place of Business

7300 SW 75 AVE
MIAMI, FL 33143

Mailing Address

7300 SW 75 AVE
MIAMI, FL 33143

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 MIAMI, FL

24 Zip

25 Country

2a. Mailing Address

26 7300 SW 75 AVE

27 Suite, Apt. #, etc.

28 City & State

29 MIAMI, FL

30 Zip

31 Country

32 33143

33 DADE

9. Name and Address of Current Registered Agent

DAVID RABINOVICH
7300 SW 75 AVE
MIAMI, FL 33143

3. Date Incorporated or Qualified

5-11-94

3a. Date of Last Report

1995

4. FEI Number

65-0490823

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 ☐

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

Signature typed or printed name of registered agent and director (if applicable)

(NOTE: Registered Agent Signature required when changing agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

P-D
DAVID RABINOVICH
7300 SW 75 AVE
MIAMI, FL 33143

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TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

1.2 NAME STREET ADDRESS CITY-STATE-ZIP

1.3 STREET ADDRESS CITY-STATE-ZIP

1.4 CITY-STATE-ZIP

2.1 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

2.2 NAME STREET ADDRESS CITY-STATE-ZIP

2.3 STREET ADDRESS CITY-STATE-ZIP

2.4 CITY-STATE-ZIP

3.1 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

3.2 NAME STREET ADDRESS CITY-STATE-ZIP

3.3 STREET ADDRESS CITY-STATE-ZIP

3.4 CITY-STATE-ZIP

4.1 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

4.2 NAME STREET ADDRESS CITY-STATE-ZIP

4.3 STREET ADDRESS CITY-STATE-ZIP

4.4 CITY-STATE-ZIP

5.1 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

5.2 NAME STREET ADDRESS CITY-STATE-ZIP

5.3 STREET ADDRESS CITY-STATE-ZIP

5.4 CITY-STATE-ZIP

6.1 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

6.2 NAME STREET ADDRESS CITY-STATE-ZIP

6.3 STREET ADDRESS CITY-STATE-ZIP

6.4 CITY-STATE-ZIP

200001858792

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***225.00

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)(k), 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:

DAVID RABINOVICH, PRES.

5/13/96

245-667-5418

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)