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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400035688 (8) SUAVE VENDING, INC.

Principal Place of Business	Mailing Address			
7900 B.W. 75TH AVE.	7300 S.W. 75TH AV			
MAM FI 83143	MIAMI FL 33143-442			

FILED May 16 1997 8:00am Secretary of State



7300 B.W. 75TH MIAMI FL 8314		7300 S.W. 75TH AVE. MIAMI FL 33143-4422						
	±.	·			3. Date Incorporated or Qualified 05/11/1994	3a. Date of I 06/11/19	ast Report	
2. Principal Place of Business 2a. Mailing Ad			S		4. FEI Number Applied F		Applied For	
21		26					Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	1 1	\$8.75 Additional Fee Required	
23	City & State City & State				Election Campaign Financing Trust Fund Contribution Added to Fees			
Zip 24	Country 25	Zip 29	Oount 30	ry 		Yes No	nder s. 199.032,	
	9, Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Reg	istered Agent		
	INOVICH, DAVID		8	1 Name				
) S.W. 75TH AVENUE MI FL 33143		Ĺ		dress (P.O. Box Number is Not Acceptab	le)		
			8	3				
			8	4 City		FL B5	Zip Code	
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florida Statu	tes, the abo	ve-named cor	rporation submits this statement for the present speed of directors. I hereby accept	urpose of chan	ging its registered	
-	m familiar with, and accept the c	obligations of, Section 607,0505, Fi	orida Statut	es.	ation's board of directors. I hereby accep	сто орржин	on as registered	
SIGNATURE	Signature, typed or printed name of registere	ed agent and title if any isable (NO)	IF: Booislered A	agon signalure regu	uired when reinstating)	DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		CTORS IN 12	
TITLE	DP .	DELETE	1.1 TIBLE			CI		
NAME	RABINOVICH, DAVID		1.2 NAM	E				
STREET ADDRESS	7300 S.W. 75TH AVE.		1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33143		1.4 CITY	-SI-ZIP				
TITLE		DELETE 2.11				☐ Cf	nange Addition	
NAME			2.2 NAM	E				
STREET ADDRESS			2.3 STRE	ET ADDRESS				
CITY-ST-ZIP			2. Å CITY	-ST-ZIP				
TITLE		DELETE	3.1 10716		·	☐ Ci	nange	
NAME			3 2 NAM	E				
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-ST-ZIP			3.4. CITY	'-S1-ZIP			1	
TITLE		☐ DELETE	4.1, 1(1)	·		□ Q	range 🔲 Addition	
NAME			4. 2 NAN	NE				
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY	-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE				nange 🔲 Addition	
NAME			5.2 NAM	E				
STREET ADDRESS			5.3 STRE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY	- S1 - ZIP				
TITLE		☐ DELETE	6.1 TITLI			□ CI	nange 🔲 Addition	
NAME			6.2 NAM	E				
STREET ADDRESS			6.3 STRE	et address				
CITY-ST-ZIP			64 CITY	- ST - ZIP				

14. I do 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 propowered 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 withfair address.