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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000049507

1. Corporation Name
INTERNATIONAL BEVERAGE DISTRIBUTORS, INC.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1994
3a. Date of Last Report: NOT APPLICABLE

2. Principal Place of Business
21: 1844 N.W. 82ND AVE.
22: Suite, Apt #, etc
23: City & State: MIAMI, FL.
24: Zip: 33126
25: Country: U.S.A.

2a. Mailing Address
26: 1844 N.W. 82ND AVE.
27: Suite, Apt #, etc
28: City & State: MIAMI, FL.
29: Zip: 33126
30: Country: U.S.A.

4. FEI Number: 65-0511076 ☐ 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 taxes imposed by Chapter(s) as under S. 199.032 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

DANIEL GUERRIERI P.A.
950 S. MIAMI AVE.
MIAMI, FL 33130

10. Name and Address of New Registered Agent

81 Name: PERVIS C. GORDON
82 Street Address (P.O. Box Number is Not Acceptable): 10621 N. KENDALL DR.
83: STE. 130
84 City: MIAMI FL 85 Zip Code: 33176

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: Pervis C. Gordon 4-28-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☑ Change ☐ Addition PRESIDENT FRANCISCO DE LA MAZA 10301 S.W. 137TH AVENUE MIAMI, FL. 33186
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☑ Change ☐ Addition VICE PRESIDENT/TREASURER LESTER E. CROCKETT 9780 S.W. 155TH AVENUE MIAMI, FL. 33196
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☑ Change ☐ Addition DIRECTOR JOAQUIM PIRES RODRIGUES 177 OCEAN LANE DRIVE, APT 1107 KEY BISCAYNE, FL 33149
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☑ Change ☐ Addition SECRETARY MARCOS RESENDE 4953 E. LAKES DRIVE POMPANO BEACH, FL. 33064
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition 000001485410 -05/12/95--01026--024 ****208.75 ****208.75
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition T.S. 5/11/95

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

SIGNATURE: Lester E. Crockett 4-28-95 305-599-1173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LESTER E. CROCKETT, VICE PRESIDENT