FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000052491 (5)**

1. Corporation Name

SOUTHERN ORIGINAL PET DRINK COMPANY, INC.

Principal Place of Business	Mailing Address
C/O KTG&S REGISTERED AGENT CORPORATION 1401 BRICKELL AVE SUITE 700 MIAMI FL 33131	C/O KTG&S REGISTERED AGENT CORPORATION 1401 BRICKELL AVE SUITE 700 MIAMI FL 33131

2. Principal Place of Business	2a. Mailing Address
21 100 SE 2nd St.	26 100 SE 2nd St.
Suite, Apt. #, etc. 22 28 Floor	Suite, Apt. #, etc. 27 28 Floor
City & State 23 miami, fl	City & State 28 miami, fl
Zip 24 33131 25 Country US	Zip 29 33131 30 Country US

3. Date Incorporated or Qualified: **07/11/1994**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0518594** ☐ 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

KTG&S REGISTERED AGENT CORPORATION
1401 BRICKELL AVE
SUITE 700
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Numbers Not Acceptable) 100 SE 2nd St.
83 28 Floor
84 City miami FL 85 Zip Code 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	☐ DELETE	9.1 TITLE	☐ Change ☐ Addition
NAME	BIGIO, GILBERT		9.2 NAME	
STREET ADDRESS	3550 NW 110 ST.		9.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		9.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	10.1 TITLE	☐ Change ☐ Addition
NAME	BEZALEL, BEN Z		10.2 NAME	
STREET ADDRESS	3550 NW 110 ST.		10.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		10.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	11.1 TITLE	☐ Change ☐ Addition
NAME	SHURMAN, JOHN L		11.2 NAME	
STREET ADDRESS	3550 NW 110 ST.		11.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		11.4 CITY-ST-ZIP	
TITLE	DVST	☐ DELETE	12.1 TITLE	☐ Change ☐ Addition
NAME	VAUPEN, HY		12.2 NAME	
STREET ADDRESS	3550 NW 110 ST		12.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		12.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	13.1 TITLE	☐ Change ☐ Addition
NAME	BEYDA, CLEMENT		13.2 NAME	
STREET ADDRESS	3550 NW 110 ST		13.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33167		13.4 CITY-ST-ZIP	
TITLE		☐ DELETE	14.1 TITLE	☐ Change ☐ Addition
NAME			14.2 NAME	
STREET ADDRESS			14.3 STREET ADDRESS	
CITY-ST-ZIP			14.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: _____ 2/16/96 305 685 5061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #