_FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000052491 (5)

SOUTHERN ORIGINAL PET DRINK COMPANY, INC.

Principal Place of Business Mailing Address

FILED Mar 19 1998 8:00am Secretary of State



3595 NW 110 ST MIAMI FL 33167 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/11/1994
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21 26					65-0518594 Not Applicable
Suite, Apt. #, etc. Suite, Ap 22 27		Suite, Apt. #, etc.	. W, etc.		5. Certificate of Status Desired
City & State		City & State	¬ '		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip 29	Country 30		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No
					10. Name and Address of New Registered Agent
KTG&S REGISTERED AGENT CORPORATION				Name	•
100 SE 2ND ST 28TH FLOOR			82	Street	t Address (P.O. Box Number is Not Acceptable)
	AMI FL 33131		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			nt signature	re required when reinstating) DATE
12. Title	C	ND DIRECTORS DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	BIGIO, GILBERT		1.2 NAME		, Change Li Ascillon
STREET ADDRESS	3550 NW 110 ST.		1.3 STREET	ADDRESS	
CMY-ST-ZIP	Laborate Ma		1.4 City-St-ZiP		
TITLE	DP	DELETE 2.1			Change Addition
NAME	SHURMAN, JOHN L		2.2 NAME		
STREET ADDRESS 3550 NW 110 ST.			2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY+ST-ZIP		
TITLE	DVST DELETE :		3.1 TITLE		Change Addition
NAME	VAUPEN, HY		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - 5	ST - ZIP	
TITLE	DV OLEMEN	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BEYDA, CLEMENT		4. 2 NAME		
STREET ADDRESS	3550 NW 110 ST MIAMI FL 33167		4.3 STREET		
CITY-ST-ZIP TITLE	MIPMI PL 33107	☐ DELETE	4.4 CITY - S 5.1 TITLE	1-212	Change Addition
NAME			5.2 NAME		The strength of the strength o
STREET ADDRESS			5.3 STREET	ADDRESS	
CITY-ST-ZIP			5.4 City-S		
TITLE	··· · · · · · · · · · · · · · · · · ·		6.1 TITLE	·	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS	1		6.3 STREET	ADDRESS	
CITY-ST-ZIP	<u> </u>		6.4 CITY - S	T- ZIP	

14. Thereby 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 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:

411/18