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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000055592 (7)

DAMN I'M THIRSTY, INC.

LEVORIPHN ONA

98 MAY -4 PH 3: 52

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address						FILE OF SEEDI WILLS IN THE HEALT WAS
% MARSHALL R. PASTERNACK 1221 BRICKELL AVE. MIAMI FL 33131		% MARSHALL R. PASTERNACK 1221 BRICKELL AVE. MIAMI FL 33131		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified		
					07/27/1994	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26	26		65-0507207	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27	<u> </u>			Fee Required
City & State		City & State	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Žip	Country	Zip	h		This corporation owes or has paid the corporation owes or has paid the corporation.	
24	25	29	30		Personal Property Tax due June 30.	Yes X No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name 81. Name						
Pasternack, Marshall R			}	81 Name		
	1 Br ickell ave.		1	82 Street Add	ress (P.O. Box Number is Not Acceptable)	
MIAI	MI FL 33131]			
				83		
			•	84 City		85 Zip Code
11 5	10.707	00 - 1007 4500 5 1 - 1 - 0 1			F	
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 registere 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.						
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE 2	Signature, typed or pented name of registered a	The state of the s	57 D	Agent signature requi	ired when reinstating) DATE	
12,		ND DIRECTORS	13.	Agent signature requi	ADDITIONS/CHANGES TO OFFICERS AT	
TITLE	DPST	DELETE	1,1 TIT	LE	ADDITIONS/CHANGES TO CIT TOUTS A	Change Addition
NAME	O'NEAL, SHAQUILLE		1.2 NA	ME I		1017 0
STREET ADDRESS % 1221 BRICKELL AVE.		1.3 STREET ADDRESS			700002510	15:T L
CITY-ST-ZIP	MIAMI FL			Y-ST-ZIP		
TITLE		DELET e	2.1 T/T			Change Addition
NAME			2.2 NA	ME		
STREET ADDRESS			2.3 ST	REET ADDRESS		
CITY-ST-ZIP			2. 4 CI	ΓY-ST-ZiP		
TITLE		DELETE	31117	LE		Change Addition
NAME			3.2 NA	ME I		
STREET ADDRESS			3.3 ST	REET ADDRESS		
CITY-ST-ZIP			3.4. CF	IY-SI-ZIP		
TITLE		DELETE	4.1 TIT	LE		Change Addition
NAME			4. 2 N/	ME .		ļ
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP	- <u>-</u>			Y-ST-ZIP		4
TITLE		☐ DELETE	5.1 T(T	1	1) (11 like	Change Addition
NAME			5.2 NA		a dilak	
STREET ADDRESS				REE1 ADDRESS	14198	
CITY-ST-ZIP		T DELETE		Y-ST-ZIP	5/1/10	
TITLE		☐ DELETE	6.1 111		/ 1	☐ Change ☐ Addition
NAME			6.2 NA			
STREET ADDRESS				HEET ADDRESS		
City-St-7IP			64 CIT	Y-ST-7/P		[

14. I 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 receipture furustee 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 analyhmont with an address.

4/11/100

(010) 702 .022



ACCOUNT NO. : 07210000032

REFERENCE

COST LIMIT :

\$ 150.00

ORDER DATE: May 4, 1998

ORDER TIME : 2:20 PM

ORDER NO. : 804898-005

CUSTOMER NO:

4303929

CUSTOMER: Ms. Jazmine Roman Greenberg Traurig 1221 Brickell Avenue

Miami, FL 33131

ANNUAL REPORT FILING

NAME: DAMN I'M THIRSTY, INC.

DIVISION OF CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lynette Coleman

EXAMINER'S INITIALS: