ILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION - ANNUAL REPORT 2000



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

DOCUMENT # P94000072053 (9) 1. Corporation Name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF PIGNING OFFICER OR DIRECTOR

INTERNATIONAL BREWERY BUSINESS, INC.

FILED Jun 07, 2000 8 Secretary of	8:00 am 'State
CU100439	
Date Incorporated or Qualified 3a. Date of Lat 09/30/1994	st Report
FEL Number	Applied For
65-0524623	Not Applicable
	.75 Additional ee Required
	5.00 May Be dded to Fees
This corporation has liability for intangible tax under	er S. 199.032,
Florida Statutes Yes No	
Name and Address of New Registered Agent	
ND9 KAMIKEY, 3	(⊂.
O. Box Number is Not Acceptable	
NW 23 Zii	
EI 85	Zip Co de ∕∕
ubmits this statement for the purpose of changing	its registered office
rectors. I hereby accept the appointment as register	ered agent. I am
instating) DATE	
ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12
IANDO SAUCHEZ, SK	
i. II 33172	
IANDO SANCHEY, JR	hange [_] Addition {
1, FL 33172	hange Addition
· · · · · · · · · · · · · · · · · · ·	hance I [Addition]

Principal Place	TREET	Mailing Address		C01004	39	
HIALEAH FL 33	014	HIALEAH FL 33014		DO NOT WRITE	IN THIS SPACE.	
				3. Date Incorporated or Qualified 09/30/1994	3a. Date of Last Report	
2. Principal Pla	ce of Business	2a. Mailing Address	~~ C~	4. FEI Number	Applied For	
4 10817	1 NW 33 >r	26 /UC/5 NW	3357	65 705 24 63 7	Not Applicab	le_
Suite, Apt. #	; etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	rui FL	City & State	FL	Election Carnpaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
! 33	172 Country SA	29 33172 30	Country	8. This corporation has liability for in Florida Statutes Yes	ntangible tax under S. 199.032,	
•	9. Name and Address of Current	Registered Agent		10. Name and Address of New R		
			81 Name	RUNDO KAMIRE	=>, SR.	
RUIZ, GLO			<u> </u>	tress (P.O. Box Number is Not Acceptab		
	TH STREET		83 / 03	18 NM 20 .	<i>></i> (,	
HIALEAH I	FL 33014	,	65			
			84 City C	IAMÍ	FI 85 ₹ Cod	_
11. Rursuant to	o the provisions of Sections 607 0502 a	nd 607, 1508, Florida Statutes, th	e above-named corpo	pration submits this statement for the pur	pose of changing its registered offi	ice
or registere	ed agent or both in the State of Florida	Such change was authorized by	the corporation's bo	oration submits this statement for the pur ard of directors. I hereby accept the appo	bintment as registered agent. I am	
SIGNATURE _	Signature typed or printed same of registered agent an	d title if applicable. (NOTE: Re	gistered Agent signature requir		DATE	_
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI		inn
TITLE	PTD /	′	1.1 TITLE	TD		IOH
NAME	SANCHEZ, HERNANDO R			ERNANDO SANCHE	1 2K	
STREET ADDRESS	CALLE 24,/#1848		1.3 STREET ADDRESS	0812 NO 33 ST	· - 7 \	
CITY-ST-ZIP	BOGOTA, COLUMBIA PTD		1.4 CITY - ST - ZIP 2.1 TITLE	HAMI, TE	Change Additi	ion
NAME	BAEZ, HERNANDO R		2.2 NAME	FOURNDO SANCH	·- <u>·</u> · -	
STREET ADDRESS	CALLE 24, #1848		2.3 STREET ADDRESS	ERNANDO SANCAN		
CITY-ST-ZIP	BOGOTA, COLUMBIA		2.4 CITY - ST - ZIP	がない。ちつつる	7>-	
TITLE			3.1 TITLE	STD	Change Additi	ion
NAME			32 NAME	DANIEL RAMIREY	= - '	
STREET ADDRESS			3.3 STREET ADDRESS	0815 NW 33	ST,	
·CITY-ST-ZIP	. <u> </u>	•	3.4 CITY-ST-ZIP	MANI, FL. 3	3172	
TITLE			4.1 TITLE	,	Change Additi	ion
NAME (4.2 NAME			
STREET ADDRESS	•		4 3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Change Additi	ion
TITLE			5.1 TITLE		Change Additi	IUII
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		_	5.4 CITY - ST - ZIP 6.1 TITLE	- 	Change Additi	ion
NAME)	6.2 NAME		— • —	
STREET ADDRESS	<i>/</i> .		6.3 STREET ADDRESS			
CITY-ST-ZIP		$^{\prime}$	6.4 CITY-ST-ZIP			
14 Ldo boroby	y certify that the information supplied wi	th this filing is voluntarily furnished	and does not qualify	for the exemption stated in Section 119.	07(3)(k), Florida Statutes. I further	_
certify that oath; that I appears in	the information indicated on this annual am an officer or director of the oppora Block 12 or Block 13 if changed, for on	I report or supplemental annual re tion or the receiver or trustee em art attachment with an address.	eport is true and accui powered to execute ti	rate and that my signature shall have the his report as required by Chapter 607, Flo	same legal effect as if made under orida Statutes; and that my name	•