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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT # 1. Corporation Name

P9500000542 (7)

PREMIUM BEVERAGE WHOLESALERS, INC.										
Principal Place	of Business	Mailing	Mailing Address				488 JURU BAIA 10141 111	ALT OU REL DOING I	ABIH BRIBI EI	
2805 N STATE RD 7 HOLLYWOOD FL 33021			2605 N STATE RD 7 HOLLYWOOD FL 33021							
						3. Date incorpo 01/04/	orated or Qualified 1995	3a. Date	of Last Re	eport
2. Principal Place of Business		2a. Ma	2a. Mailing Address			4. FET Number	Applied For			
21		26				65-0	154714	!		Not Applicable
Suite, Apt. #, etc.		t	Suite, Apt. #, etc.			5. Certificate of	Status Desired	П		Additional
City & State		27	City & State							Required
23			28			6. Election Can Trust Fund (npaign Financing			O May Be d to Fees
Zip	Zip Country		Zip Country					intancible ta		
24	25 29			30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No				
	9. Name and Address of Curi	ent Registere	d Agent			10. Name and	Address of New R	egistered .	Agent	
				81	Name					
LEWIN,	CURT			82	Street Add	iress (P.O. Box Nunit	per is Not Acceptab	(e)		
	STATE RD 7									
HOLLY	NOOD FL 33021			83						
				84	City				85 Zip	p Code
					•			FL.	. '	
11. Pursuant to or registere	the provisions of Sections 607.05 d agent, or both, in the State of Fi	i02 and 607.15 orida. Such che	08, Florida Statul Inge was authoria	tes, the above n zed by the corpo	arneo corpo oration's bos	oration submits this st and of directors. Then	atement for the pur dovinces the appropriate	pose of cha pintment as	inging its registered	egistered office Labent, Lanu
familiar with	n, and accept the obligations of, Se	ection 607.0505	. Florida Statute:	S.			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			- Ligoria i am
SIGNATURE .		. 7.15	v. ·							
12.	gnature, typed or printed name of registered ag OFFICERS 7	AND DIRECTOR	end of the second of the second	Ole Ragistesen Aprill 13.	I Solpulfore resipore		CHANGES TO OFFE	DATE POEDO AND	CADECTO	DC IN 10
TITLE	D	11001110101	DELETE	1. 1 T:TLE		NP ONS	DIANGES TO OFF	· · · · · · · · · · · · · · · ·	Change	Add tion
NAME	LEWIN, CURT			1.2 NAME		Sondra	Federici	_		子
STREET ADDRESS	2805 N STATE RD 7			1.3 STREET	ADDRESS	EBOS NO. STA				
CiTY+ST-ZIF	HOLLYWOOD FL 33021			1.4 CITY - S			-			
TITLE			. □ DEL€TE	2 1 1111		HOLLYWOOD	, FL 35022	[Charige	Addition
NAME				2.2 NAME	1					
STREET ADDRESS				2 3 STR&& I	ADORESS					
CITY-ST-ZIP				2.4 C(1Y - S1	I - ZIF					
TITLE			DELETE	3 1 THE		-		Ε	Change	Addition
NAME				3.2 NAME						
STREET ADDRESS				33 STREET	ADDRESS					
CITY-ST-ZIP				3.4 CITY - ST	! - ZIP			<u></u>		
TITLE			DELETE	: 4. 1 TITLE				L	Change	Addition
NAME				4.2 NAME						
STREET ADDRESS				43 STREET.						
CITY - ST - ZIP			↑ DELETE	4.4 CHY - \$1	r-ZiP				7 Change	CT Addition
TITLE			Proceed	5 1 THUE				L.	_] Grange	Addition
NAME STREET ADDRESS				5.2 NAME 5.3 STREET	ADDUCCO					
· ·										
CITY-ST-ZIP TITLE			DELETE	54 CITY-ST 6 1 TITLE	- 21"			Г	Change	Addition
NAME				6.2 NAME				L	_ 5395	
STREET ADDRESS				63 STREET	ADDRESS					
CITY-ST-ZIP				6.4 CITY-ST	1					
14. I do hereby	certify that the information supplie the information indicated on this ar			nished and does	not qualify t					

oath; that I am an officer or divident of the comporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Forida Statutes; and that my name appears in Block 12 or Block 13 if changed, or one attachment with an address.

SIGNATURE: Soulia

1-16.96

154-983050 6