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 # **P95000065879 (5)**

1. Corporation Name

MIKE'S FOOD & BEVERAGE, INC.

Principal Place of Business

11077 BISCAYNE BLVD.
PENTHOUSE SUITE
MIAMI FL 33161

Mailing Address

11077 BISCAYNE BLVD.
PENTHOUSE SUITE
MIAMI FL 33161

3. Date Incorporated or Qualified: **08/25/1995**

3a. Date of Last Report:

4. FEI Number: **65-0609727** [ ] 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

2. Principal Place of Business

21 **9540 NE 2nd AVE**
22
23 City & State: **MIAMI SHORES, FL**
24 Zip: **33138** 25 Country: **USA**

2a. Mailing Address

26 **P.O. Box 530379**
27
28 City & State: **MIAMI SHORES, FL**
29 Zip: **33153** 30 Country: **USA**

9. Name and Address of Current Registered Agent

FERNANDEZ, RICHARD M
11077 BISCAYNE BLVD.
PENTHOUSE SUITE
MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 of the 1996 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

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	BOYLE, MICHAEL	
STREET ADDRESS	11077 BISCAYNE BLVD. PENTHOUSE SUITE	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
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CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	[ ] Change	[ ] Addition
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE	[ ] Change	[ ] Addition
6 NAME		
7 STREET ADDRESS		
8 CITY-ST-ZIP		
9 TITLE	[ ] Change	[ ] Addition
10 NAME		
11 STREET ADDRESS		
12 CITY-ST-ZIP		
13 TITLE	[ ] Change	[ ] Addition
14 NAME		
15 STREET ADDRESS		
16 CITY-ST-ZIP		
17 TITLE	[ ] Change	[ ] Addition
18 NAME		
19 STREET ADDRESS		
20 CITY-ST-ZIP		
21 TITLE	[ ] Change	[ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this report is accurate and that this report complies with the applicable provisions of Section 607.1622, Florida Statutes. I further certify that the information indicated on this report or supplemental requirements affecting this 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 with an address, with respect to those fields, as shown.

SIGNATURE: Michael H. Boyle (MICHAEL H. BOYLE) 4/8/96 (305) 757-6453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)