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PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 11 1998 8:00am
Secretary of State

DOCUMENT # P95000065879 (5)

1. Corporation Name

MIKE'S FOOD & BEVERAGE, INC.



Principal Place of Business

Mailing Address

9540 NE 2ND AVE
MIAMI SHORES FL 33138
US

P.O. BOX 530379
MIAMI SHORES FL 33153
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

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 Steven J. Johnson
82 Street Address (P.O. Box Number is Not Acceptable)
9165 Park Drive
83
84 City Miami Shores FL 85 Zip Code 33138

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

Steven J. Johnson

4/29/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE
NAME % JOHNSON, ADORNO, MISCALL
STREET ADDRESS 9165 PARK DRIVE
CITY-ST-ZIP MIAMI SHORES, FL 33138

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME BOYLE, MICHAEL
1.3 STREET ADDRESS % JOHNSON, ADORNO, MISCALL
1.4 CITY-ST-ZIP 9165 PARK DRIVE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS MIAMI SHORES, FL 33138
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 *Michael D Boyle* 4/30/98 (305) 757-6453

CR2E034 (10/97)