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 # P96000037531 (6)

UNIVERSAL BEVERAGES DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
2980 SW 141ST CT.	2980 SW 141ST CT.
MIAMI FL 33175-6527	MIAMI FL 33175-6527

FILED Feb 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/01/1996 2. Principal Place of Business 2s. Maiting Address Applied For 21 65-0665998 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the curre t year Intangible Yes □ No Personal Property Tax due June 30. 24 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 REMEDIOS, MANUEL A 2980 SW 141ST CT. Street Address (P.O. Box Number is Not Acceptable) 82 MIAMI FL 33175-6527 83 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DΡ DELETE 1.1 TITLE Change Addition TITLE NAME BARRIOS, MARCELINO V 1.2 NAME 7241 SW 102ND AVE. 1.3 STREET ADDRESS STREET ADORESS **MIAMI FL 33173** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE TON REMEDIOS, MANUEL A 2.2 NAME NAME 2980 SW 141ST CT. STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33175-6527 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition Change 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 61 TITLE Change Addition TITLE NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS 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 of 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 changes, or on an attachment with an address.

SIGNATURE:

Yaml Ce. Centelines Whelf Parties. PAN 1308553

CR2E034 (10/97)