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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000061043 (1)

BELKIS VENDING CORPORATION

Principal Place of Business Mailing Address 7337 SW 22ND STREET 7337 SW 22ND STREET MIAMI FL 33155 MIAMI FL 33155-1426 3. Date Incorporated or Qualified 3a. Date of Last Report 07/22/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0681 21 26 Not Applicable 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 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **GUERRA, REYNALDO** 7337 SW 22ND STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33155** 83 City 84 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, type-d or pented name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition THEF **GUERRA, REYNALDO** NAMÉ 1.2 NAME 7337 SW 22ND STREET STREET ADORESS 1.3 STREET ADDRESS **MIAMI FL 33155** CITY - ST - ZIP 1.4 CITY - ST- ZIP DELETE THEE 2.1 TITLE Change Addition **GUERRA, BELKIS** NALS 2.2 NAME 7337 SW 22ND STREET STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33155** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition THEF Change 3.1 TITLE MAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY: S1: ZIF 3.4. CITY - ST - ZIP DELETE Change Addition 100 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-ST-ZIF 4.4 CITY-ST-ZIP DELETE Addition Change 1:111 5.1 TITLE NAMI 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CHTY-ST-ZIP DELETE THIF 6.1 TITLE ☐ Change Addition HAME 6 2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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 reggiver 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 only attachment with an address.

SIGNATURE:

CHY-ST-ZIP

REQUIRED

3/27/97

FILED

Apr 17 1997 8:00am

Secretary of State

(96/6)