FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000070739 (3) 1. Corporation Name

BREWPUB MASTERS INC.

Principal Place of Business

Mailing Address

FILED Jan 31 1997 8:00am Secretary of State



| C/O 101 MADEIRA AVE CORAL GABLES FL 33134 | | | C/O 101 MADEIRA AVE CORAL GABLES FL 33134 | | | | | |
|--|--|---------------------------------------|--|---------------|---|--|--|--|
| | | | | | | 3. Date incorporated or Qualified 3a. Date of Last Report 08/26/1996 | | |
| | ace of Business | 2a, Mailing Ad | ddress | | | 4. FEI Number Applied For | | |
| 21 | | 26 | | | | Applied For Not Applicable | | |
| Suite, Apt. #, etc 22 | | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | |
| City & State |) | City & Sta | le | | | 6. Election Campaign Financing \$5.00 May Be | | |
| 23 | | 28 | | | | Trust Fund Contribution Added to Fees | | |
| Zip | Country | Zip | | Country | <i>(</i> | 8. This corporation has liability for intangible tax under s. 199,032, | | |
| 24 | 25 | 29 | | 30 | | Florida Statutes K Yes No | | |
| ļ. <u></u> | g. Name and Address of C | · · · · · · · · · · · · · · · · · · · | | | 1 .: | 10. Name and Address of New Registered Agent | | |
| ARA | ZOZA,COMAS, DE TORRES | & FERNANDEZ-FRAG | GA | 81 | Name | e | | |
| 101 MADEIRA AVE | | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| CORAL GABLES FL 33134 | | | | | | | | |
| | | | | 83 | | | | |
| | | | | 84 | City | 85 Zip Code | | |
| | | | | | | FL_[*] | | |
| 11. Pursuant | to the provisions of Sections 60 | 7.0502 and 607.1508, FI | lorida Statutes | s, the abov | e-named | ed corporation submits this statement for the purpose of changing its registered propration's board of directors. I hereby accept the appointment as registered | | |
| agent. La | m familiar with, and accept the | obligations of, Section 6 | 07.0505, Flor | ida Statute | y tile corp S. | orpolations board of directors. I flereby accept the appointment as registered | | |
| SIGNATURE | | | | | | | | |
| | Signature, typed or printed name of registic | | (NOTE: | Registered Ag | ent signature | ure required when reinstating) DATE | | |
| 12. | OFFICER | S AND DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | | L |) DELETE | 1.1 THTLE | | PST L Change L Addition | | |
| NAME | | | | 1.2 NAME | | JORGE GARRIDO | | |
| STREET ADDRESS | | | | 1.3 STREE | I ADDRESS | pood pooders noim poster oo- | | |
| CITY - S1 - ZIP | | | T ===== | 1.4 CITY- | ST-2IP | CORAL GABLES, FL 33134 | | |
| TITLE | | <u> </u> |] DELETE | 21 TITLE | | VP Change X Addition | | |
| NAME | | | | 22 NAME | | LOURDES GARRIDO | | |
| STREET ADDRESS | | | | 23 STREE | T ADDRESS | FOOD DOOGTWO KOWD DOILD OOM | | |
| CITY-ST-ZiP | | | | 2 4 CiTY- | ST-ZIP | CORAL GABLES, FL 33134 | | |
| TITLE | | L. |] DELETE | 3.1 TITLE | | Change Addition | | |
| NAME | | | | 3.2 NAME | į | | | |
| STREET ADORESS | | | | 3.3 STREE | t adoress | S | | |
| CITY+ST-2IP | | | | 3.4. CITY - | ST-ZIP | | | |
| TITLE | | |] DELETE | 4.1 TITLE | | Change Addition | | |
| NAME . | | | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | | 4.3 STREE | T ADDRESS | s | | |
| CHTY - ST - ZIP | | | 1 | 4.4 CITY- | ST-ZIP | | | |
| TITLE | | L |] DELETE | 5.1 TITLE | | Change Addition | | |
| NAME | | | | 5.2 NAME | | 1 | | |
| STREET ADDRESS | | | | 5.3 STREE | T ADDRESS | S | | |
| CITY - ST - ZIP | | | 1:2:22 | 5.4 CITY- | ST-ZIP | | | |
| TITLE | | <u></u> |] DELETE | 6.1 TITLE | | ZODODOZOZ4456 | | |
| NAME | | | | 6.2 NAME | | 700002074467 -01/31/9701009023 ***165.00 | | |
| STREET ADDRESS | | | | 6.3 STREE | T ADDRESS | s ***180.00 | | |
| CITY - ST - ZIP | | | | 6.4 CITY- | ST · ZIP | ************************************** | | |

14. I do 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 theoryporation 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:

NG OFFICER OR DIRECTOR