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PROFIT
1 CORPORATION
ANNUAL REPORT
1997

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

FILED
97 OCT -6 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000072075 (0)**

1. Corporation Name
CUBALIBRE BEER & ALE COMPANY, INC.

Principal Place of Business	Mailing Address
2618 TIMBERLAKE DRIVE ORLANDO FL 32806	2618 TIMBERLAKE DRIVE ORLANDO FL 32806-7329

3. Date Incorporated or Qualified: 08/29/1996
3a. Date of Last Report:

2. Principal Place of Business
21: 517 E. Michigan St.
22: Suite, Apt. #, etc.
23: City & State: Orlando, Fl
24: Zip: 32806
25: Country:

2a. Mailing Address
26: 517 E. Michigan St.
27: Suite, Apt. #, etc.
28: City & State: Orlando Fl
29: Zip: 32806
30: Country:

4. FEI Number: 59-3407808 ☐ 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

9. Name and Address of Current Registered Agent

CARTER, SION W
2618 TIMBERLAKE DRIVE
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name: Lisa Smithson, CPA
82 Street Address (P.O. Box Number is Not Acceptable): 877 Executive Ctre Dr #303
83:
84 City: St. Petersburg FL 85 Zip Code: 33702

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: Lisa Smithson — Lisa Smithson — 9/20/97
Signature of new or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARTER, SION W 2618 TIMBERLAKE DRIVE ORLANDO FL 32806	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President Jose Luis Crespi 517 E. Michigan St. Orlando, Fl 32806	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Treasurer/Secretary William P. Burrer 330 East Michigan St. Orlando, Fl 32806	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Director/V.P. Chip Weston 957 Dunraven Winter Park, Fl 32792	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	300002318003---4 -10/10/97--01111--010 ****550.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	****550.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	10.8.97	☐ Change ☐ Addition

CR2E034 (9/96)

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 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: [illegible] — 9/22/97 — 407423245