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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000072338 (2)

## FILED Mar 14 1997 8:00am Secretary of State

|  | ROCK BEVERAGE CORP.                                 |   |                 |                                  |   |                                       |                                       |
|--|---|---|-----------------|----------------------------------|---|---------------------------------------|---------------------------------------|
| Principal Place of Business  825 E. SUNRISE AVENUE FORT LAUDERDALE FL 33304  |   | Mailing Address  825 E. SUNRISE AVENUE  FORT LAUDERDALE FL 33304-2805 |                 |                                  |   |                                       |                                       |
|  |   |   |                 |                                  | 3. Date Incorporated or Qualified 08/26/1996        | 3a. Date of La                        | ast Report                            |
|  | lace of Business                                    | 2a. Mailing Address   |                 |                                  | 4. F£I Number                                       |                                       | Applied For                           |
| 21 825 E. SUNPUSE BLVD.  |   | 26] 825 E. SUNPUSE BLVD.  |                 | . 65-0692076                     |   | Not Applicable                        |                                       |
| Sulte, Apt. #, etc.  |   | Suite, Apt. #, etc.   |                 | 5. Certificate of Status Desired |   | 75 Additional                         |                                       |
| 22   |   | 27  |                 |                                  |   | e Required                            |                                       |
| City & State   |   | City & State  |                 | 6, Election Campaign Financing   |   | .00 May Be                            |                                       |
| Zip  | Country   | 28  | Cour            |                                  | Trust Fund Contribution                             |                                       | ded to Fees                           |
| · ·  | 25  | Z <sub>1</sub> ρ  | Fr. 1           | iuy                              | This corporation has liability for Florida Statutes | intangible tax und<br>☑ Yes   No      | ler s. 199.032,                       |
| 24   | 9. Name and Address of Current                      | 29 <br>  Registered Agent   | [30]            |                                  | 10. Name and Address of New Ro                      |                                       |                                       |
| HAN  | ILON, M. TIMOTHY                                    |   |                 | 81 Name                          |   | - grotoro - tigorit                   |                                       |
| 321 ROYAL POINCIANA PLAZA  |   |   | Ĺ               |                                  |   | · · · · · · · · · · · · · · · · · · · |                                       |
|  | M BEACH FL 33480                                    |   |                 | 82 Street A                      | ddress (P.O. Box Number is Not Accepta              | ole)                                  | İ                                     |
|  | W DE 10111 E 00100                                  |   | }               | 83                               |   |                                       |                                       |
|  |   |   |                 |                                  | · · · · · · · · · · · · · · · · · · ·               |                                       |                                       |
|  |   |   | ]               | 84 City                          |   | FL  85                                | 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 reflected 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 reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. |   |   |                 |                                  |   |                                       | ng its registered<br>it as registered |
| SIGNATURE  | _   |   |                 |                                  |   |                                       |                                       |
|  | Signature, typed or purited name of registered ager |   |                 | Agout signature to               | equited when reinstaling)                           | DATE                                  |                                       |
| 12.  | OFFICERS AND  | DIRECTORS DELETE  | 13.             | <del></del>                      | ADDITIONS/CHANGES TO OFFI                           |                                       | <del></del>                           |
| TITLE  | COCHANI E EDOAD                                     |   | 1.1 111)        | j                                |   | ∐ Char                                | nge L. Addition of                    |
| NAME   | 825 E. SUNRISE AVENUE                               |   | 1.2 NAI         |                                  |   |                                       | [8                                    |
| STREET ADORESS   | FORT LAUDERDALE FL 33304                            |   |                 | EET ADDRESS                      |   |                                       | ŭ                                     |
| CITY-ST-ZIP<br>TITLE   | TOTT BRODEFIELT COORT                               | DELETE  | 21111           | Y-S1-7IP                         |   | Char                                  | nge Addition                          |
| NAME   |   |   | 2.2 NA          | ļ.                               |   | E Onla                                | ngo El riodition                      |
| STREET ADDRESS   |   |   |                 | SET ADORESS                      |   |                                       |                                       |
| CITY-ST-ZIP  |   |   |                 | Y- \$1-7IP                       |   |                                       |                                       |
| TITLE  |   |   | 3 1 TITU        |                                  |   | Char                                  | nge Addition                          |
| NAME   | - 1   |   | 32 NAM          | AF                               |   |                                       |                                       |
| STREET ADDRESS   |   | •   |                 | EET ADDRESS                      |   |                                       |                                       |
| CITY-ST-ZIP  |   |   | 3.4. CD         | Y - \$1 - 2IF                    |   |                                       |                                       |
| TITLE  |   | ☐ DELFTE  | 4.1 101         |                                  |   | Char                                  | nge Addition                          |
| NAME   |   |   | 4. 2 NA         | ME                               |   |                                       |                                       |
| STREET ADDRESS   |   |   | 4 3 S1R         | EE1 AODRESS                      |   |                                       |                                       |
| CITY-ST-ZIP  |   |   | 4.4 CH          | Y-ST-ZIP                         |   |                                       |                                       |
| TITLE  |   | DELFTE  | 5.1 101         | f                                |   | ☐ Char                                | nge Addition                          |
| NAME   |   |   | 5.2 NAM         | AE .                             |   |                                       |                                       |
| STREET ADDRESS   |   |   | 5.3 STR         | EET ADDRESS                      |   |                                       |                                       |
| CITY-ST-ZIP  |   |   | 54 00           | Y - ST - ZIP                     |   | ·                                     |                                       |
| TITLE  |   | DELETE  | 611111          | F                                |   | ☐ Char                                | nge 🔲 Addition                        |
| NAME   |   |   | 6.2 NAV         | Λi                               |   |                                       |                                       |
| STREET ADDRESS   |   |   | 6.3 S1R         | EE1 ADDRESS                      |   |                                       | Ì                                     |
| CITY+ST-ZIP  |   |   |                 | Y - S1 - ZIP                     |   |                                       |                                       |
| IA. I do neret   | by ceruity that the information supplied            | . with this tiling doos not qua                                       | ality for the c | sta nouquisx                     | ited in Section 119.07(3)(i), Florida Statuto       | s. I further cortily f                | that the                              |

Information indicated on this annual report or supplemental annual report is free and accurate and that my signature shall have the same legal officer or 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.

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3/10/97

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