PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # **P96000073264**1. Corporation Name

BEER NABAL, INC.

•	
1	
Principal Place of Business	Mailing Address

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90020 019 ***150.00



2352 N.W. 46TH MIAMI FL 33142		2352 N.W. 46TH STREET MIAMI FL 33142				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 08/29/1996			
2. Principal Pla	ace of Business	2a. Mailing	Address			4. FEI Number	A	pplied For	
21		26				65-0695056	N	ot Applicable	
Suite, Apt. #	ŧ, etc.	Suite, Ap	pt. #, etc.			5. Certificate of Status Desired	* . *	Additional equired	
City & State	•	City & S	state			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip :	Country 25	Zip 29		Country		This corporation owes the current ye Personal Property Tax.	ar Intangible Yes	□No	
	9. Name and Address of Current		ent			10. Name and Address of New Regist	ered Agent		
- + +				81	Name	·-			
	allah, Hamdi Y N.W. 46th Street			82	Street Add	Iress (P.O. Box Number is Not Acceptable)			
MIAN	11 FL 33142	•		83					
		•		84	City		FL 85 Zip	Code	
11. Dussiant t	o the provisions of Sections 607 0500	2 and 607 1508	Florida Statutes	s, the above	e-named con	poration submits this statement for the purpo	se of changing it	s registered	
office or re	edistered agent or both in the State (of Florida. Such d	change was aut	inonzea by	the corporat	ion's board of directors. I hereby accept the	appointment as re	egistered (
	n familiar with, and accept the obligat	ions or, Section	007.0305, Floric	ua Glalules	•		•	ļ	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: F	Registered Age	nt signature requir	red when reinstating) DA	TE		
12. i .	OFFICERS AN		-	13		ADDITIONS/CHANGES TO OFFICER	S AND DIRECT	ORS IN 12	
TITLE	D · ·		☐ DELETE	1.1 ππLE		•	Change	☐ Addition	
NAME	ABDALLAH, HAMDI Y			1.2 NAME					
STREET ADDRESS	2352 N.W. 46TH STREET		•	1.3 STREE	TADDRESS				
CITY-ST-ZIP	MIAMI FL 33142			1.4 CITY-S	T-ZIP				
TITLE			DELETE	2.1 TITLE			☐ Change	☐ Addition	
NAME		•		2.2 NAME	}				
STREET ADDRESS			<u> </u>	2.3 STREE	TADORESS				
CITY-ST-ZIP	•			2, 4 CITY-1	ST-ZIP				
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STREET ADDRESS	·, · · · ·	-			TADORESS		•	ĺ	
CITY-ST-ZIP				3.4. C/TY-5			<u>-</u>		
TITLE			DELETE	4.1 TITLE			Change	Addition	
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STREET ADDRESS	•		•		TADORESS				
' 1	•			4.4 CITY- S					
CITY-ST-ZIP			DELETE	5.1 TITLE			· Change	Addition	
NAME	•			5.2 NAME		•			
					TADDRESS				
STREET ADDRESS				5.4 CITY- S	į.				
CTTY-ST-ZIP '	•		DELETE	6.1 TITLE			Change	Addition	
NAME	4 · *			6.2 NAME			_, •	_	
					TADDRESS			ĺ	
STREET ADDRESS				6.4 CITY-S			•		
(TTV QT. 7(D									

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 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, with all other like empowered.

SIGNATURE: