FILED Apr 23, 1999 8:00 am Secretary of State

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000100773

1. Corporation Name

THUPIUF	AL EXUTIO BEVERAGE OUT	1 <b>r.</b>					
Principal Place of Business Mailing Address						-	;;; { <b>P866</b>
250 WEST 74TH	+ PLACE	250 WEST 74TH PLACE	D WEST 74TH PLACE				
		SUITE 302				DO NOT WRITE IN THIS SPACE	
HIALEAH FL 33014 HIALEAH FL 33014						3. Date Incorporated or Qualifed	
						01/01/1997	ļ
2. Principal Place of Business 2a. Mailing Address			<del></del>			1 CELVIOLE	Applied For
¬ '		26	1			1 22-03U-05R5	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				_ \$8.75	Additional
22		27	7			5. Certifcate of Status Desired Fee I	Required
City & State		City & State	City & State			6. Election Campaign Financing 55.0	May Be-
23		28				Trust Fund Contribution Adde	d to Fees
Zip Country Zip			·			8. This corporation owes the current year Intangible	
24	25	29 30	<u> </u>			Personal Property Tax. Yes	□No
	9. Name and Address of Currer	nt Registered Agent	81	Name		10. Name and Address of New Registered Agent	
SALVIETTI, LUCIANO				L			
250 W 74 PL SUITE 302			82	Street	eet Address (P.O. Box Number is Not Acceptable)		
HIAL		83					
							Carlo
•			84	City	FL 85 Zip Code		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
12.		ID DIRECTORS	13.		<del>,</del>	ADDITIONS/CHANGES TO OFFICERS AND DIREC ☐ Chang	
TILE	PD ·	☐ DELETE	1.1 TITLE			L_J Chang	e
NAME !	VIZE, RAUL G		1.2 NAME				{
STREET ADDRESS	250 WEST 74TH PLACE			TADORESS	-		
CITY-ST-ZIP	HIALEAH FL 33014 VD	☐ DELETE	1.4 CITY-S	T-ZIP	-	☐ Chang	e Addition
TITLE	SALVIETTI, DANTE L		2.2 NAME				
NAME	250 WEST 74TH PLACE			TADDRESS		<i>'</i>	
STREET ADDRESS	HIALEAH FL 33014		2.4 CITY-S				
CITY-ST-ZIP TITLE	STD	<b>⊠</b> DELETE 3.1 TI		31-24F		Chang	e Addition
NAME	COLLAO, HUGO	<b>A</b>	3.2 NAME				1
STREET ADDRESS	250 WEST 74TH PLACE			TADORESS			į
CITY-ST-ZIP	HIALEAH FL 33014		3.4. CITY-S				
TITLE		☐ DELETE	4.1 TITLE		5	下り. □ Chang	e Addition
NAME	•		4, 2 NAME		F	RANK RODRIGUEZ.	1
STREET ADDRESS	, I ma		4.3 STREE	TADORES\$	9.	SO WEST TYIN FLACE	{
CITY-ST-ZIP	57		4.4 CITY-S	T-ZIP	<u> </u>	HIDLEAH FL 33014	]
TITLE		☐ DELETE	5.1 TITLE			☐ Chang	e
NAMÉ			5.2 NAME				}
STREET ADDRESS	5.3		5.3 STREE	TADORESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			6.1 TITLE			☐ Chang	e
NAME			6.2 NAME				-

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 or an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP