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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Mar 02 1998 8:00am

Secretary of State

Sandra B. Mortjam

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000104322 (8)

Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

H.R. BEVERAGES CORP.

Principal Place of Business Mailing Address 2050 N.W. 94 AVE. 2050 N.W. 94 AVE. MIAMI FL 33172 MIAMI FL 33172 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/30/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0715584 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes □ Ño 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SANTOS, MAURO C INGRAHAM BUILDING, SUITE 1235 82 25 S.E. SECOND AVENUE 83 MIAMI FL 33131 Zip Code 11. Pursuant to the provisions of Sections 607.050 17. 1508, Florida Statutes, the above-named corporation submits this statement or the purpose of changing its registered of a Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered of Section 607.0505, Florida Statutes. office or registered agent, or both, in the State agent. I am tamijiar with and accept the oblig agent and title if applicable me of regist (NOTE: Registered Agent signal, 12. OFFICERS AND DIRECTORS CHANGES TO OFFICERS AND DIBECTORS IN 12 13. DELETE **Change** TITLE 1.1 TITLE tapaldo L. Da Silva NAME DA SILVA, HAROLDO L 1.2 NAME 2050 nw 94m are 5212 N.W. 103RD AVENUE STREET ADDRESS 1.3 STREET ADDRESS miani A 33172 MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition Jaime B. Barbosa DELETE Change TITLE 2.1 TITLE General Manager 2050 NW 94 AVE NAMÉ 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITUE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. 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 frustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in

211/98