

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90081 032 ***150.00

DOCUMENT # P97000012378

1. Corporation Name
LATIN AMERICA BEVERAGE CONSULTANTS, INC.



Principal Place of Business: 25 SE 2ND AVE #435 MIAMI, FL 33131
6463 NW 102 TRR PARKLAND, FL 33076

Mailing Address: 25 SE 2ND AVE #435 MIAMI, FL 33131
6463 NW 102 TRR PARKLAND, FL 33076

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/06/1997

4. FEI Number: 65-0746621

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$5.00 - May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax: Yes No

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with handwritten corrections.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CANAL ALVARO
~~25 SE 2ND AVE #435 MIAMI FL 33131~~
6463 NW 102 TRR PARKLAND, FL 33076

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CANAL ALVARO	
STREET ADDRESS	25 SE 2ND AVE #435	<i>6463 NW 102 TRR PARKLAND, FL 33076</i>
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	S	<input type="checkbox"/> DELETE
NAME	VAN DER PUT, ELAINE	
STREET ADDRESS	25 SE 2ND AVE #435	<i>6463 NW 102 TRR PARKLAND, FL 33076</i>
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Janice M. [Signature]* **REQUIRES** Jan 6, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)