



2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90043 034 ***150.00

DOCUMENT # P97000012378

1. Entity Name

LATIN AMERICA BEVERAGE CONSULTANTS, INC.

Principal Place of Business

9530 SW 68TH AVE.
MIAMI FL 33156

Mailing Address

9530 SW 68TH AVE.
MIAMI FL 33156

2. Principal Place of Business

9530 SW 68th Ave

3. Mailing Address

9530 SW 68th Ave

Suite, Apt. #, etc.

MIAMI, FL

Suite, Apt. #, etc. --

City & State

City & State

MIAMI, FL

Zip

33156

Country

USA

Zip

33156

Country

USA

4. FEI Number

65-0746621

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CANAL, ALVARO
9530 SW 68TH AVE
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Alvaro Canal ALVARO CANAL

02/05/01

Signature, typed or printed name of registered agent and this if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	CANAL, ALVARO	
STREET ADDRESS	9530 SW 68TH AVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	S	<input type="checkbox"/> Delete
NAME	VAN DER PUT, ELAINE	
STREET ADDRESS	9530 SW 68TH AVE	
CITY-ST-ZIP	MIAMI FL 33156	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alvaro Canal ALVARO CANAL

01/11/01

786 268 0023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)