

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 06 1998 8:00am
Secretary of State

DOCUMENT # P97000029249 (4)

1. Corporation Name
CARIBBEAN PINA COLADA, INC.



Principal Place of Business
1917 REEF CLUB DRIVE
APT. #304
KISSIMMEE FL 34741
US

Mailing Address
P.O. BOX 451912
KISSIMMEE FL 34745
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 LAGO MESA Way
Suite, Apt. #, etc.
22 Apt 4
City & State
23 Kissimmee
Zip
24 34743
Country
25 Osceola

2a. Mailing Address
26 LAGO MESA
Suite, Apt. #, etc.
27 Apt # 4
City & State
28 Kissimmee FL
Zip
29 34743
Country
30 Osceola

3. Date Incorporated or Qualified
03/28/1997

4. FEI Number
581-27-2695
Applied For
Not Applicable

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

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
MORALES, ANGEL
1917 REEF CLUB DRIVE
APARTMENT #304
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name

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

83

84 City
FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVPD	1.1 TITLE	
NAME	MORALES, ANGEL	1.2 NAME	
STREET ADDRESS	1917 REEF CLUB DRIVE, APT. #304	1.3 STREET ADDRESS	598132904856
CITY-ST-ZIP	KISSIMMEE FL 34741	1.4 CITY-ST-ZIP	-10/12/98--01004--036
			***400.00
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: _____ 5:20-98 (407)344-2021

CR2E034 (5/98)