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 # **P97000054694**1. Corporation Name

BEST VENDING SERVICES INC.

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90110 012 ***150.00

DEOT VE	Apilla of illions into								
Principal Place of Business Mailing Address									=
6330 NW 3RD ST 6330 NW 3RD ST								,	
MIAMI FL 33126 MIAMI FL 33126						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						06/20/1997			
Principal Place of Business 2a. Mailing Address						4. FEI Number			ied For
21 26 26						65-0774175		\$8.75 Ad	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			•			5. Certifcate of Status Desired		Fee Requ	
22 27								\$5.00 M	
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution		- Added to	- ,
23		28	Cou	untry		8. This corporation owes the cur	rent vear Inta	ingible 🔪	
Zip	Country	Zip	30	21101 y		Personal Property Tax.		∐ Yes	No
24	9. Name and Address of Curr	29 Agent	30	Τ.		10. Name and Address of New	Registered /	Agent	
	9. Name and Address of Curi	ent Registeres Agent		81	Name	•			
EUO	HERI GUILERMO FUIC	queri, Guil	Jermo	82	Stroot Addr	ess (P.O. Box Number is Not Accept	lable)		
,	NW 3RD ST) ,		02	Street Addi	E55 (1:0: 50x 1:5:1121			
	MIAMI FL 33126								}
				84	City			85 Zip Co	ode
					, ,	oration submits this statement for the	<u>FL</u>		
CICNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered					d when reinstating)	DATE		
12.	OFFICERS	AND DIRECTORS	13			ADDITIONS/CHANGES TO O	FFICERS AN	☐ Change	Addition
TITLE	PD	☐ DELE	. 1	TITLE					
NAME	FULQUERI, GUILLERMO			NAME					1
STREET ADDRESS	6330 NW 3RD ST				TADDRESS	the contract of the contract o		and the second second	
CITY-ST-ZIP	MIAMI FL 33126	DELE		CITY-S TITLE	ST-ZIP			☐ Change	☐ Addition
TITLE	VD			NAME					
NAME	FULQUERI, ELISA				T ADDRESS				
STREET ADDRESS					ST-ZIP			<u> </u>	
CITY-ST-ZIP	MIAMI FL 33126	DELE		TITLE	J1-211			☐ Change	Addition
TITLE		_ 5000		NAME					
NAME					T ADDRÉSS				
STREET ADDRESS					ST-ZIP				
CITY-ST-ZIP		☐ DELE		TITLE				Change	☐ Addition
TITLE			4.3	2 NAME	:				
NAME STREET ADDRESS			4.3	STREE	ET ADDRESS				
			4.4	CITY-	ST-ZIP			- Chann	☐ Addition
TITLE		☐ DELI		TITLE				Change	
NAME				NAME	1				
STREET ADDRESS	s l		1		ET ADDRESS			:	
CITY-ST-ZIP					ST-ZIP			☐ Change	Addition
3111 01 23				TITI ¢					L

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

DELETE

V2/24/99 /(305)267-4160