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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 06 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000072808 (3)

SISCO TROPICAL BEVERAGE, INC. Principal Place of Business Mailing Address 250 WEST 74 PLACE 250 WEST 74 PLACE SUITE 302 SUITE 302 DO NOT WRITE IN THIS SPACE HIALEAH FL 33114 HIALEAH FL 33114 3. Date Incorporated or Qualified 08/22/1997 2. Principal Place of Business Mailing Address Applied For 2a. 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zip Country Zip Country a. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30 ☐ No g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 AMERILAWYER CHARTERED SALVIETTI 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 **CORAL GABLES FL 33134** 250 W 83 City 85 Zip Code HIDLEAH 330/4 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. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpos March Salvietti SIGNATURE (NOTE: Registered Agent signature required when reinstating) R2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ___ Addition TITLE 1.1 TITLE STUARDO ENRIQUE COTO MARKUS NAME 1.2 NAME 250 WEST 74 PLACE, STE 302 STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33114 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE SALVIETTI, LUCIANO 2.2 NAME 250 WEST 74 PLACE, STE 302 STREET ADDRESS 2.3 STREET ADDRESS HIALEAH FL 33114 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 31 TITLE Change ___ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 51 THILE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in