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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOZOGO 72909

SISCO T	ROPICAL BEVERAGE, INC.			_					
Principal Place	e of Business	Mailing Address	•			A119 MAIN MUSIC 50	814 158 B1 18111	# 8181 1811 (88)	
250 WEST 74 P	PLACE	250 WEST 74 PLACE							
SUITE 302		SUITE 302			DO MOT ME	ITE IN THIS S	DACE		
HIALEAH FL 33	1114	HIALEAH FL 33114			3. Date Incorporated or Qualifect	ITE IN THIS S	PAGE		1
					08/22/1997				
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	- 08251	44	oplied For	4
	the state of the s	26			APPLIED FOR 65			ot Applicable Additional	23.52
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			Additional equired	
22		City & State							}
City & State	e				Election Campaign Financing Trust Fund Contribution			May Be to Fees	
23	Country	Zip	Cour	ntry.		ront voce Inta		<u> </u>	1
Zip	25	·	30	·•· y	This corporation owes the cur Personal Property Tax.		ngible □Yes	□No	
24	9. Name and Address of Curren		301		10. Name and Address of New				1
	5. Name and Addiess of Culter	r redistring affair		81 Name					1
SAL	VIETTI, LUCIANO D)	<u> </u>					-
250 W 74 PL SUITE 302				82 Street Add	ress (P.O. Box Number is Not Accept	table)			ļ
HIALEAH FL 33014			}	83					1
			l						1
	•		ĺ	84 City		.FL	85 Zip	Code	}
office or n agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au tions of, Section 607.0505, Flori	ithorized ida Statu	by the corporation tes.	on's board of directors. I hereby acce	ept the appoin	tment as re	egistered	1
		ALL and title if anything the MOTE:	Decistored	Acont cionature require	ad when reinstating)	DATE	 .		\ \ ! .
	Signature, typed or printed name of registered age			Agent signature require		DATE FFICERS AND	DIRECTO	ORS IN 12	 - -
12.	OFFICERS AN	ID DIRECTORS	13.		ad when reinstating) ADDITIONS/CHANGES TO O	_	DIRECTO	ORS IN 12	 - - - -
12.	OFFICERS AN	D DIRECTORS	13.	LE LE		_			
12. TITLE NAME	PD STUARDO ENRIQUE COTO MA	ID DIRECTORS DELETE ARKUS	13. 1.1 TIT 1.2 NA	LE ME		_			
12. TITLE NAME STREET ADDRESS	PD STUARDO ENRIQUE COTO MA 250 WEST 74 PLACE, STE 302	ID DIRECTORS DELETE ARKUS	13. 1.1 TIT 1.2 NA 1.3 STI	LE ME REET ADORESS		_			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PD STUARDO ENRIQUE COTO MA 250 WEST 74 PLACE, STE 302 HIALEAH FL 33114	ID DIRECTORS DELETE ARKUS	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT	LE ME REET ADORESS Y-ST-ZIP		_			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN PD STUARDO ENRIQUE COTO MA 250 WEST 74 PLACE, STE 302 HIALEAH FL 33114 VSD	ID DIRECTORS DELETE ARKUS	13. 1.1 III 1.2 NA 1.3 STI 1.4 CII 2.1 TIT	LE ME REET ADORESS Y-ST-ZIP LE		_	☐ Change	Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN PD STUARDO ENRIQUE COTO MA 250 WEST 74 PLACE, STE 302 HIALEAH FL 33114 VSD SALVIETTI, LUCIANO	ID DIRECTORS DELETE ARKUS DELETE DELETE	13. 1.1 III 1.2 NA 1.3 STI 1.4 CII 2.1 TIT 2.2 NA	LE ME REET ADORESS Y-ST-ZIP LE ME	ADDITIONS/CHANGES TO O	FFICERS AN	☐ Change	Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD STUARDO ENRIQUE COTO MA 250 WEST 74 PLACE, STE 302 HIALEAH FL 33114 VSD SALVIETTI, LUCIANO 250 WEST-74 PLACE, STE 302	ID DIRECTORS DELETE ARKUS DELETE DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI	LE ME REET ADORESS Y-ST-ZIP LE ME REET ADDRESS		FFICERS AN	☐ Change	Addition	
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 chapted or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

385 5570

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