## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(6) NAME IS DOCUMENT # P97000076999

POP U.S.A. BEVERAGE DISTRIBUTERS, INC.

U.S.A. BEVERAGE DISTRIBUTORS, INC.

FILED

93 APR 23 AM 5: 28



Principal Place of Business		Mailing Address				
15065 SW 109 STREET		15065 SW 109 STREET				
MIAMI FL 33196		MIAMI FL 33196			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					09/05/1997	
2. Principal Pla	ace of Business	28. Mailing Address			4. FEI Number Applied For	
an San		26			65-0780842 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			S8.75 Additional	
22		27			5. Certificate of Status Desired Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes or has paid the current pear Intangible	
24	25	29 3	0		Personal Property Tax due June 30. Yes No	
	9, Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered Agent	
DEN	IIS, RONALD C ESQ.		81	Name		
	WEST FLAGLER STREET		82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
	TE 201		"			
	MI FL 33135		83			
71117 W	WI 1 E 00 100		84	City	85 Zip Code	
			1 1	-	FL   T   T	
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above	named corpo	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered	
office or re	egistered agent, or both, in the State m taniliar, with any accept the oblig	e of Florida. Such change was au ations of, Section 607,0505, Flori	thorized by t da Statutes.	tne corporatio	ion's board or directors. I hereby accept the appointment as registered	
	2		(9)	ubviel	Martiez 1/19/98	
SIGNATURE	Stor flure, typed a printed name o registered ago	ent and title if applicable (NOTE	Registered Agent	l signature require	red when reinstating) DATE	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition	
NAME	Martinez, Gabriel		1.2 NAME		6000025033667	
STREET ADDRESS	15065 SW 109 STREET		1.3 STREET A	.ddress	-04/28/9801087012	
CITY-\$T-ZIP	MIAMI FL 33196		1.4 CITY - ST-	- ZIP	****150,00   ****150,00	
TITLE	•	☐ DELETE	21 TITLE		ChangeAddition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET A	ODRESS		
CITY-ST-ZIP			2. 4 CITY-ST	- ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET A	ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST	- <b>Z</b> IP		
TITLE		☐ DELETE	4.1 TITLE	1	Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET A	DDRESS		
CITY-SY-ZIP			4.4 CITY - ST	- ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME	ľ		
STREET ADDRESS			5.3 STREET A	NDORESS	5L 4-24-98	
CITY-ST-ZIP			5.4 CITY-ST-	1	4	
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET A	IDDRESS		
DIRECT MUDICOS			I VIOLITICE I I			

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 roustee 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 an entities of the corporation of the corporation of the receiver or roustee 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 an entities of the corporation of the

Gabriel Martinoz 1/19/98