PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000097737

1. Corporation Name

R. & M. BEVERAGE MACHINERY, INC.

Principal Place	e of Business	Mailing Address					
18003 N.W. 60T		18003 N.W. 60TH COURT					
MIAMI FL 33015		MIAMI FL 33015			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					11/17/1997		
Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
26					65-0794925		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired		.75 Additional
22 27 27					S. Celticate of Status Dosilot.		ee Required
City & State City & State				6. Election Campaign Financing \$5.00 May Be			
23 28					Trust Fund Contribution	A	dded to Fees
Zìp			Country	G. This corporation and all said all said and all said all said and al			
24	25	29 3	<u> </u>		Personal Property Tax. 10. Name and Address of New R		
	9. Name and Address of Curre	nt Kegisterea Agent	81	Name	IV. Name and Address of New K	sgistered Agent	
ABEA, ROGER					MATTIN ABON		···
18003 N.W. 60TH COURT			82	Street Add	ress (P.O. Box Number is Not Acceptal	ole)	
MIAMI FL 33015			83		1000	<i>-</i>	
					18003 NW 60A	(oun 1	,
			84	City	Migmi	FL 85	Zip Code 333/ Y
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	, the abov	e-named corp	poration submits this statement for the t	ourpose of chang	ing its registered
office or re agent. I ai	egistered agent, or both, in the State m familiar with, and acce <u>pt t</u> he obliga	tor Florida. Such change was autoations of, Section 607.0505, Florid	nonzed by Ja Statutes	tne corporati i.	on's board of directors. I hereby accept	. не арронилен	, as registered
SIGNATURE	Martin A	100					
SIGNATURE	Signature, typed or printed name of registered age		-	nt signature require	ed when reinstating)	DATE	
12.		ND DIRECTORS	13.	1	ADDITIONS/CHANGES TO OFF		
TITLE	PD	, ,					hange
NAME			1.2 NAME				
STREET ADDRESS	10000 111111 001111 001111			TADDRESS			
CITY-ST-ZIP			1.4 CITY-5	T-ZIP	- AUD TO		hange
TITLE	STVD	☐ DELETE	2.1 TTLE	4	ABEA MAITH 18003-NW-60# (M.C.	nange Audition
NAME	ABEA, MARTHA		2.2 NAME	4	ABEA MATTHA	ANIAT	ŀ
STREET ADDRESS	18003 N.W. 60TH COURT			T ADDRESS .	18:00-3-NW-60"	JOH Pauler	··•
CITY-ST-ZIP	MIAMI FL 33015	DELETE	2.4 CITY- 3.1 TITLE	ST-ZIP	- MIDMI CC 33015		hange
TITLE		בין סכנבוני	3.2 NAME		<i>:</i>		J
NAME				T ADDRESS			
STREET ADORESS							
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY- 4.1 TITLE	51+4P		Пс	hange
			4. 2 NAME				, <u> </u>
NAME				T ADDRESS			
STREET ADDRESS			4.4 CITY-5	i			
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	11-215			hange
NAME			5.2 NAME			_	
- water			_				

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90286 047 ***150.00

☐ Addition