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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED

Jun 12, 2000 8:00 am Secretary of State

06-12-2000 90001 045 ***150.00

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000102311

. Corporation Name

COPACABANA FOOD & BEVERAGE, CORP.

							_			
Principal Place of Business Mailing Address										
500 SW 75TH TERRACE 500 SW 75TH TERRACE										
PLANTATION FL 33317						يسو الساء		عالمان		
							DO NOT WRITE IN THIS SPACE			
							3. Date incorporated or Qualifed			
							12/04/1997			
2. Principal Pl	lace of Business	2a	. Mailing Address				4. FEI Number	· · · · · · · · · · · · · · · · · · ·	Applied For	
1		<u> </u>	· Maining / Wallaco							
Cuite And		26	C			· · · · · · · · · · · · · · · · · · ·	65-0799319		Not Applicable	
Suite, Apt.	#, etc.	 -	Suite, Apt. #, etc.				5. Certificate of Status Desired	1	Additional	
·		27					· · · · · · · · · · · · · · · · · · ·		Required -	
City & State	e		City & State				6. Election Campaign Financing	າ \$5.0	O May Be	
		28					Trust Fund Contribution	Adde	d to Fees	
Zip	Country		Zip	Co	untry		8. This corporation owes the current	year Intangible	,	
ایر	25	29		30			Personal Property Tax.	Ý Yes	□No	
1	9. Name and Address of Cu		stered Agent	11	T		10. Name and Address of New Reg	stered Agent	-	
					81	Name				
LOPE	ERA, JAVIER E					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
500 SW 75TH TERRACE					82	Street Addre	ddress (P.O. Box Number is Not Acceptable)			
PLAN	NTATION FL 33317				83					
				٠.	-					
•			0.500	1.24	84	City		- FL 85 Zi	p Code	
11 Pursuant	to the provisions of Sections 607	7.0502 and 8	S07 1508 Florida Statut	tee the :	ahove	-named como	ration submits this statement for the pur		ite registered	
office or re	egistered agent, or both, in the S	State of Flori	da. Such change was a	authorize	d by	the corporation	n's board of directors. I hereby accept the	e appointment as	registered	
agent. I ar	m familiar with, and accept the o	bligations of	i, Section 607.0505, Flo	rida Sta	tutes	. ,	·		· ·	
SIGNATURE				,				;		
	Signature, typed or printed name of registere	ed agent and title	if applicable. (NOTE	: Registere	d Agen	t signature required	when reinstating)	DATE		
12.	OFFICER	S AND DIRE	ECTORS	13.	·		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	FORS IN 12	
TITLE	P		☐ DELETE	1.1 T	ITLE	·		☐ Chang-	e 🗌 Addition	
NAME	WOLTHERS, CHRISTIAN B			1.2 N	AME	ı				
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				4		i i				
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TITLE	PLANTATION FL 33317		☐ DELETE	1.4 C	ITY-ST	i i		☐ Chang	e 🔲 Addition .	
	PLANTATION FL 33317 V DE CASTRO ROCHA, RAU	L	☐ DELETE	1.4 C	ITY-ST	i i		☐ Chang	e 🔲 Addition	
TITLE	PLANTATION FL 33317	L	☐ DELETE	1.4 C 2.1 T 2.2 N	TITLE	i i		☐ Chang	e Addition	
TITLE NAME	PLANTATION FL 33317 V DE CASTRO ROCHA, RAU	L	☐ DELETE	1.4 C 2.1 T 2.2 N 2.3 S	TITLE	T-ZIP ADDRESS		☐ Chang	e Addition	
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AND TREED FOR FINITED MANIE OF SIGNING OFFICER OR DIRECTOR

WOLTHERS

AND TREED FOR FINITED MANIE OF SIGNING OFFICER OR DIRECTOR

WOLTHERS

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mici mation 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 annua. In tor 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 efficer or director of the contraction or the receiver prictivates empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ock 12 or Block 13 if changing a ptachment with an address, with all other like empowered.