

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

FILED
Jul 06, 1999 8:00 am
Secretary of State

07-06-1999 90002 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000033986V**
1. Corporation Name
COCONUT GROVE BEVERAGE, INC.

Principal Place of Business 2699 SOUTH BAYSHORE DRIVE SUITE 600 C MIAMI, FL 33133	Mailing Address 2699 SOUTH BAYSHORE DRIVE SUITE 600 C 33133
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	3. Date Incorporated or Qualified 04/13/1998	4. FEI Number 65-0844493	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent ALBERT B. JOHNSON II 2699 SOUTH BAYSHORE DRIVE SUITE 600 C MIAMI, FL 33133	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **ALBERT B. JOHNSON II**

June 28, 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR / PRESIDENT ALBERT B. JOHNSON II 2699 SOUTH BAYSHORE DRIVE, SUITE 600 C MIAMI, FL 33133	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: **ALBERT B. JOHNSON II**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

June 28, 1999 (305) 858-8545

Phone (305) 858-8545
Fax (305) 858-3032
E-MAIL: aljgrove@bellsouth.net

P98000033986
581612-90002-12

July 28, 1999

Katherine Harris
Secretary of State
Annual Report Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 323202-1500

SUBJECT: LATE FILING DUE TO LACK OF NOTICE

Dear Ms. Harris:

The purpose of this letter is to advise you that my company, COCONUT GROVE BEVERAGE, INC. did not receive timely notice of the May 1st deadline Corporation Annual Report. In fact, we did not receive an original copy of the preprinted filing form.

Therefore, we are requesting that the penalty for filing after May 1st be waived.

We apologize for any special processing required by your office due to our substitute form version, and we appreciate your additional efforts on our behalf.

Sincerely,


Al Johnson, President