

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

2000

DOCUMENT # P9800003724

International Beverage Systems Inc.
Palm Beach

Place of Business
47 C Guildford
Boca Raton, FL 33434

Mailing Address
2047 C Guildford
Boca Raton, FL 33434

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90027 010 ***150.00

141000

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 4/23/98	Applied For Not Applicable
4. FEI Number 65-083 0747	
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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent Belovsky, Peter 2047 C Guildford Boca Raton, FL 33434	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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I, the undersigned, being a resident qualified person, do hereby certify that the information furnished in this statement is true and correct. I am a director, officer, 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 with and accept the obligations of, section 607.0505, Florida Statutes.

Signature, typed or printed name of registered agent and title if applicable Peter Belovsky		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.1 TITLE		P/D			
1.2 NAME		Belovsky, Peter			
1.3 STREET ADDRESS		2047 C Guildford			
1.4 CITY-ST-ZIP		Boca Raton, FL 33434			
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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: Peter Belovsky

Date

Daytime Phone #

CR2E034 (1/98)