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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90202 011 \*\*\*150.00

DOCUMENT  1. Corporation Name	#P98000099938
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SMX FOOD & BEVERAGES, INC.

Table   Tabl					<u> </u>			
SUITE 643 MIAMI FL 33166  2. Principal Place of Business 2. Mailing Address 2. A Mailing Address 2. Finding Place of Business 2. A Mailing Address 2. Principal Place of Business 2. A Mailing Address 2. Principal Place of Business 2. A Mailing Address 2. Principal Place of Business 2. A Mailing Address 2. Principal Place of Business 2. A Mailing Address 2. A Mailing Address 2. Suite, Apt. #, etc. 2. Trust Fund Contribution 2. Principal Place of Status Desired 3. Trust Fund Contribution 3. This corporation owes the current year Intangible 3. This corporation owes the current year Intangible 3. Personal Property Tax. 3. Mailing Address of Status Desired 3. Trust Fund Contribution 3. This corporation owes the current year Intangible 3. Personal Property Tax. 3. Mailing Address of Status Desired 4. FEI Number 5. Certificate of Status Desired 6. Election Campaign Financing 5. Trust Fund Contribution 5. Certificate of Status Desired 6. Election Campaign Financing 6. Story Fund Contribution 6. Election Campaign Financing 6. Election Campaign Financing 6. Story Fund Contribution 6. Election Campaign Financing 6. Story Fund Company Fund Contribution 6. Story Fund Company Fun	•		Mailing Address					
MIAMI FL 33166  MIAMI FL 33166  Applied 12/01/1998  2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Date incorporated or Qualified 12/01/1998  2. Principal Place of Business 2. Mailing Address 3. Date incorporated or Qualified 12/01/1998  4. FEI Number 65 - 089   987   Not Applied 75   Not Applied		TREET				•		
2. Principal Place of Business  2. A Mailing Address  2. Principal Place of Business  2. A Mailing Address  2. Principal Place of Business  2. A Mailing Address  3. Date incorporated or Qualifed  12/01/1998  4. FEI Number  6. So - OST   957   Not Applied  Not Applied  Fee Require  2. Suite, Apt. #, etc.  2. City & State  2. City & State  3. Election Campaign Financing  Added to Fee Require  2. Added to Fee Require  2. Suite Country  2. Suite Country  2. Suite Country  3. This corporation owes the current year Intangible  Personal Property Tax.   Yes   Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent  8. Name  RIOS, LEOPOLDO  1800 WEST 49TH STREET  SUITE 207  HALEAH FL 33012  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 regist office or registered agent, or both, in the State of Florida, Such change was sulthorated by the corporation's board of directors. I hereby accept the appointment as registe office or registered agent and title if espikable.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  PD  NAME  STREET ADORESS  7220 N.W. 36TH STREET  13 STREET ADORESS  7220 N.W. 36TH STREET  14 CITY-ST-ZP  MAME  SVD  DELETE  13 STREET ADORESS  7240 N.W. 36TH STREET  14 CITY-ST-ZP  MAME  OUEVEDO, RICHARD	<u> </u>				DO NOT WRITE IN THIS SPACE			
Application	· — · · <u>· · · · · · · · · · · · · · · ·</u>					3. Date incorporated or Qualifed		
21								
Suite, Apt. #, etc.    Suite, Apt. #, etc.	2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
Scale		····				65-081118	<u> </u>	t Applicable
City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   Country   St. This corporation was the current year Intangible   Personal Property Tax.   Yes   Name and Address of Current Registered Agent   Name   Name and Address of New Registered Agent   Name   Name and Address of New Registered Agent   Name   Name   Name and Address of New Registered Agent   Name   N	<b>⊣</b> ''''	, etc.	<b>├</b>			5. Certifcate of Status Desired		
Zip Country Zip Country Zip Country Again Country Zip Country B. This corporation owes the current year Intangible Personal Property Tax.	City & State		<del>  -                                   </del>		_	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		,
RIOS, LEOPOLDO 1800 WEST 49TH STREET SUITE 207 HIALEAH FL 33012  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 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 17ITLE PD DELETE 1.1 TITLE PD DELETE 1.1 STREET ADDRESS CITY-ST-2PP MIAMF L 33166 1.4 CITY-ST-ZIP TITLE SVD DELETE 2.1 TITLE SVD Change C	Zip			_	try	1		□No
RIOS, LEOPOLDO 1800 WEST 49TH STREET SUITE 207 HIALEAH FL 33012  84 City FL  85 Zip Code  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 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature. typod 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 I ADDITIONS	<u></u>	<del> </del>				10. Name and Address of New Regist	ered Agent	
SUITE 207 HIALEAH FL 33012  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 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  Signature, typed or printed name of registered agent and tible if applicable.  ITILE  PD  NAME  ESTEFANO, JOSE  STREET ADDRESS  7220 N.W. 36TH STREET  MIAMI FL 33166  DELETE  1.3 STREET ADDRESS  CITY-ST-ZIP  MIAMI FL 33166  DELETE  2.1 TITLE  Change  Change  Change  Change  Change					Name			
SUITE 207 HIALEAH FL 33012  84 City FL 85 Zip Code  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 regis 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 registe agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE 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 11TILE PD  AMME ESTEFANO, JOSE 1.2 NAME STREET ADDRESS 7220 N.W. 36TH STREET 1.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 1.4 CITY-ST-ZIP  TITLE SVD  OLELETE 2.1 TITLE Change Change	•			-	32 Street Add	ress (P.O. Box Number is Not Acceptable)		- <del>-</del>
HIALEAH FL 33012  84 City  FL 85 Zip Code  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 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 registe agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  ITITLE  PD  DELETE  1.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL 33166  DELETE  1.1 TITLE  SVD  DELETE  2.1 TITLE  Change								
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  ITILE PD DELETE 1.1 TITLE Change Change  NAME ESTEFANO, JOSE 1.2 NAME  STREET ADDRESS 7220 N.W. 36TH STREET 1.3 STREET ADDRESS  CITY-ST-ZIP MIAMI FL 33166 1.4 CITY-ST-ZIP  TITLE SVD DELETE 2.1 TITLE Change	office or reg agent. I am	distered agent, or both, in the State	of Florida. Such change was aut	horized	by the corporati	on's board of directors. I hereby accept the	appointment as reg	gistered
TITLE         PD         DELETE         1.1 TITLE         Change         Delete         1.2 NAME           NAME         ESTEFANO, JOSE         1.2 NAME         1.2 NAME         STREET ADDRESS         1.3 STREET ADDRESS         1.4 CITY-ST-ZIP         TITLE         SVD         DELETE         2.1 TITLE         Change         Change         Delete         1.4 CITY-ST-ZIP         Change         Delete         2.2 NAME         Delete         1.4 CITY-ST-ZIP         Delete         Delete         2.2 NAME         Delete	, ši			<u> </u>	gent signature require			50.00.40
NAME   ESTEFANO, JOSE   1.2 NAME   1.2 NAME   1.3 STREET ADDRESS   7220 N.W. 36TH STREET   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   MIAM! FL 33166   1.4 CITY-ST-ZIP   TITLE   Change   NAME   OUEVEDO, RICHARD   2.2 NAME   1.2 NAME   1.2 NAME   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   Change						ADDITIONS/CHANGES TO OFFICER		Addition
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NAME 4.2 NAME								
STREET ADDRESS 4.3 STREET ADDRESS								
CITY-ST-ZIP 4.4 CITY-ST-ZIP					1	· ·		,

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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

□ DELETE

DELETE

Change

Change

Addition

Addition