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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 7:18

DOCUMENT # S13858 (3)

1. Corporation Name
ELLINBEV, INC.

Principal Place of Business	Mailing Address
1110 WEST IVANHOE BLVD #12 ORLANDO FL 32804 US	1110 WEST IVANHOE BLVD #12 ORLANDO FL 32804 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/20/1990
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business	2a. Mailing Address
21 1110 SW Ivanhoe Blvd	26 1110 S.W. Ivanhoe Blvd
22 Suite, Apt. #, etc. #12	27 Suite, Apt. #, etc. #12
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: 59-3039738 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROSENBERG, BEVERLY OPPER 1110 W. IVANHOE BLVD 12 ORLANDO FL 32804	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1110 S.W. Ivanhoe Blvd #12 83 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 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 ______ 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	PD BEVERLY OPPER ROSENBERG 1110 W INVANHOE BLVD 12 ORLANDO FL	1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY-ST-ZIP	☒ Change ☐ Addition 1110 SW Ivanhoe Blvd #12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OPPER-WEINER, ELLEN 1110 W. IVANHOE BLVD 12 ORLANDO FL	2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP	☒ Change ☐ Addition SW
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LINDA OPPER HEMESSEE 1110 W IVANHOE BLVD 12 ORLANDO FL	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP	☒ Change ☐ Addition SW
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] 3/25/94 4076494802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0065748 CP