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

DOCUMENT # S39379 1. Corporation Name GANDAN BREWES, INC.

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90034 019 ***150.00



i								
Principal	al Place of Business Mailing Address					•		
9832 PAV	VAROTTI TERRACE #104 . 9832 PAVAROTTI TERRACE #104							
BOYNTON	DN BEACH FL 33437 BOYNTON BEACH FL 33437							
	!				DO NOT WRITE IN THIS SPACE			
	!				3. Date incorporated or Qualifed			
•					03/13/1991			
2. Princi	pal Place of Business	2a. Mailing Address			4, FEI Number Applied For			
21	<u> </u>	26			65-0252238 Not Applicabl	e		
Suite,	Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional			
22	ميري بالمحاصف ما الا	27		شدادان	5. Certificate of Status Desired Fee Required			
City 8	State	City & State			6. Election Campaign Financing \$5.00 May Be			
23	<u> </u>	28		·	Trust Fund Contribution Added to Fees	_		
Zip	Country	Zip	Counti	у	8. This corporation owes the current year Intangible			
24	25	29 3	:0		Personal Property Tax. ☐ Yes ☐ No			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent			
			8	1 Name				
	STERNBERG, HAROLD 9832 PAVAROTTI TERRACE #104			2 Street	Address (P.O. Box Number is Not Acceptable)			
				32 Street Address (P.O. Box Mailton is Not Acceptable)				
	BOYNTON BEACH FL 33437			3				
	! :				I To I was a	_		
			8	4 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								
offici ager	e or registered agent, or both, in the State of it. I am familiar with, and accept the obligation	Florida. Such change was auto ons of Section 607,0505, Florid	honzed b la Statute	y the corpo	poration's board of directors. I nereby accept the appointment as registered			
_	4 m 3 m 3 m 3 m				•			
SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE								
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☐ DELETE	1.1 TITLE			On		
NAME .	STERNBERG, HAROLD		1.2 NAME	: [
STREET ADI	DORESS 9832 PAVAROTTI TERR #104			ET ADDRESS				
CITY-ST-ZIF	POVETON PEACH EL 20427			ST-ZIP	·			
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	on		
NAME	i l		2.2 NAME	.		i		
STREET ADI	DRESS			ET ADDRESS				
	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2.4 CITY		the same of the sa			
CITY-ST-ZIF	; <u> </u>		2.4 UIT	114ZIF	<u> </u>	_		

DELETE Change ☐ Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP Addition ☐ DELETE Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY+ST+ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 13 if changed, or on an attach/flent with any address, with all other like empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-99

56/-364-8617