FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V20873** **(8)**

1. Corporation Name

CONTINENTAL BEVERAGE MARKET, INC.

Principal Place of Business	Mailing Address
3980 NORTH ANDREWS AVENUE OAKLAND PARK FL 33309	3980 NORTH ANDREWS AVENUE OAKLAND PARK FL 33309

3. Date Incorporated or Qualified: **03/12/1992**
3a. Date of Last Report: **03/23/1995**

4. FEI Number: **65-0329886** ☐ 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

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

9. Name and Address of Current Registered Agent

ALBERTINE, MICHAEL O.
2400 EAST COMMERCIAL BOULEVARD
SUITE 318
FT. LAUDERDALE FL 33308

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

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 filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MOTI, SHAISDA	12 NAME	
STREET ADDRESS	% 2400 E COMMERCIAL BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP	
TITLE	P ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	MOTI, SHAISTA	22 NAME	
STREET ADDRESS	3350 NW 63RD ST.	23 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	24 CITY-ST-ZIP	
TITLE	SHAISTA Moti · PRESIDENT ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS	3980 N. Andrews	33 STREET ADDRESS	
CITY-ST-ZIP	Ft Laud Fl 33309.	34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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.

SIGNATURE: Shaista Moti 4/5/96 561-0588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #

CR2E034 (12/95)