

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

APPROVED
AND
FILED

94 JUL 22 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V62103 (9)

1. Corporation Name
BOCA BEVERAGE CORP.

Mailing Address
2920 NW BOCA RATON BLVD.
BAY 11
BOCA RATON FL 33431
US

Principal Place of Business
2920 NW BOCA RATON BLVD.
BAY 11
BOCA RATON FL 33431
US

If above addresses are incorrect in any way, enter through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/08/1992	05/18/1993
4. FEI Number	Applied For
65-0349963	Not Applicable
5. Certificate of Status Desired	6. Election Campaign Financing Fund Contribution
\$8.75 Additional Fee Required ☐	☐
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 190.032 Florida Statutes ☒ Yes ☐ No	

2. Mailing Address	2a. Principal Place of Business
21. 1501 W. COVANS RD	26. 10551 SATELLITE BLVD
22. Suite, Apt. #, etc. SUITE 105	27. 0
23. City & State POMPANO BEACH FL.	28. ORLANDO FL
24. Zip 33064	29. 32837
25. Country USA	30. USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STALLONE, FRANK 2920 NW BOCA RATON BLVD. BAY 11 BOCA RATON FL 33431	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 or Sections 617.0502 and 617.1508, 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 or 617.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of appointment

Signature, typed or printed name of registered agent and date of appointment

1994

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 1994	
11. TITLE	D	11. TITLE	
12. NAME	STALLONE, FRANK	12. NAME	
13. STREET ADDRESS	1069 HILLSBOROUGH MILE	13. STREET ADDRESS	
14. CITY, ST, ZIP	POMPANO BEACH FL	14. CITY, ST, ZIP	
21. TITLE	D	21. TITLE	
22. NAME	STALLONE, VITO	22. NAME	
23. STREET ADDRESS	7148 VIA PALOMAR	23. STREET ADDRESS	
24. CITY, ST, ZIP	BOCA RATON FL	24. CITY, ST, ZIP	
31. TITLE		31. TITLE	
32. NAME		32. NAME	
33. STREET ADDRESS		33. STREET ADDRESS	
34. CITY, ST, ZIP		34. CITY, ST, ZIP	
41. TITLE		41. TITLE	
42. NAME		42. NAME	
43. STREET ADDRESS		43. STREET ADDRESS	
44. CITY, ST, ZIP		44. CITY, ST, ZIP	
51. TITLE		51. TITLE	
52. NAME		52. NAME	
53. STREET ADDRESS		53. STREET ADDRESS	
54. CITY, ST, ZIP		54. CITY, ST, ZIP	
61. TITLE		61. TITLE	
62. NAME		62. NAME	
63. STREET ADDRESS		63. STREET ADDRESS	
64. CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that I am responsible for the accuracy of the information. I further certify that the information is correct and that I am responsible for the accuracy of the information. I further certify that the information is correct and that I am responsible for the accuracy of the information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

FRANK STALLONE V.P.

7/15/94

305-978-3350