

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 10 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V62103 (9)

1. Corporation Name

BOCA BEVERAGE CORP.

Principal Place of Business

10551 SATELLITE BLVD.
ORLANDO FL 32637
US

Mailing Address

1501 W. COPANS RD.
STE. 105
POMPANO BCH. FL 33064
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/08/1992

3a. Date of Last Report

05/17/1994

2. Principal Place of Business

21 1501 W. COPANS RD.

Suite, Apt. #, etc.

22 Suite 105

City & State

23 POMPANO BEACH FLA

Zip

24 33064

Country

25 USA

2a. Mailing Address

26 1501 W. COPANS RD.

Suite, Apt. #, etc.

27 Suite 105

City & State

28 POMPANO BEACH FLA

Zip

29 33064

Country

30 USA

4. FEI Number

65-0349963

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

STALLONE, FRANK
1501 W COPANS RD
STE - 105
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name ANDREW STALLONE

82 Street Address (P.O. Box Number is Not Acceptable)

83 6822 VIA REGINA

84

City BOCA RATON FL

85 Zip Code 33433

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 607.0502, 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

TITLE D
NAME STALLONE, FRANK
STREET ADDRESS 1069 HILLSBOROUGH MILE
CITY - ST - ZIP POMPANO BEACH FL

TITLE D
NAME STALLONE, VITO
STREET ADDRESS 7148 VIA PALOMAR
CITY - ST - ZIP BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SEC/TREAS ☐ Change ☒ Addition

1.2 NAME ANDREW STALLONE
1.3 STREET ADDRESS 6822 VIA REGINA
1.4 CITY - ST - ZIP BOCA RATON 33433 FLA.

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/95 305 978-3350