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 # **V62103** **(9)**

1. Corporation Name

BOCA BEVERAGE CORP.

Principal Place of Business	Mailing Address
1501 W. COPAWS RD. SUITE 105 POMPANO BEACH FL 33064 US	1501 W COPANS RD. STE. 105 POMPANO BCH. FL 33064 US

3. Date Incorporated or Qualified: **09/08/1992**

3a. Date of Last Report: **04/10/1995**

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

2. Principal Place of Business	2a. Mailing Address
21 510 Goolsby BLVD.	26 510 Goolsby BLVD.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 DeerField Beach, FLA.	28 Deerfield Beach, FLA.
24 Zip 33442 25 Country USA	29 Zip 33442 30 Country USA

9. Name and Address of Current Registered Agent

STALLONE, ANDREW
6822 VIA REGINA
STE - 105
BOCA RATON FL 33433

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 607.1505, 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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	STALLONE, ANDREW		12 NAME		
STREET ADDRESS	6822 VIA REGINA		13 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		14 CITY-ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE	P	☒ Change ☐ Addition
NAME	STALLONE, VITO		22 NAME		
STREET ADDRESS	7148 VIA PALOMAR		23 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE	V	☐ Change ☒ Addition
NAME			32 NAME	STALLONE, FRANK	
STREET ADDRESS			33 STREET ADDRESS	1069 Hillsboro Mile	
CITY-ST-ZIP			34 CITY-ST-ZIP	Pompano Beach FL 33062	
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		

CR2E034 (12/95)

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 added to the report.

SIGNATURE: Andrew Stallone SEC/TREAS 2/29/96 954 429-8887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #