FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **436244** **(8)**

1. Corporation Name
PALM LIQUOR LOUNGE, INC.

Principal Place of Business	Mailing Address
1007 WEST FLAGLER STREET MIAMI FL 33135	1007 WEST FLAGLER STREET MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/17/1973**
3a. Date of Last Report: **03/15/1994**

2. Principal Place of Business
21 1036 S.W. 1 ST.
Suite, Apt. #, etc. 22
City & State 23 MIAMI FLORIDA
Zip 24 33130 Country 25 US

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: **59-1490404** ☐ 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

GARCIA, MAGGIE
1007 WEST FLAGLER STREET
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name: FLORIDA ANNUAL REPORT SERVICES INC.
82 Street Address (P.O. Box Number is Not Acceptable): 1036 S.W. 1 ST.
83
84 City: MIAMI FL 85 Zip: 33130

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: AMADA C. LOPEZ, PRES 4/25/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS	11 TITLE	☐ Change ☐ Addition
NAME	GARCIA, ORLANDO	12 NAME	
STREET ADDRESS	3031 S.W. 78TH CT.	13 STREET ADDRESS	
CITY ST ZIP	MIAMI, FL 00000	14 CITY ST ZIP	
TITLE	PT	21 TITLE	200001470812 ☐ Change ☐ Addition
NAME	GARCIA, MAGGIE	22 NAME	-05/02/95--01149--022
STREET ADDRESS	3031 S W 78TH CT	23 STREET ADDRESS	****200.00 ****200.00
CITY ST ZIP	MIAMI, FL 00000	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

JPM 4/27

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: Maggie Garcia 4/26/95 305 5458686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MAGGIE GARCIA

01A2127 CP