

**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 # **F93000005307 (4)**

1. Corporation Name

**MUTUAL WHOLESALE LIQUOR INC.**



Principal Place of Business

4510 SOUTH BOYLE AVE.  
LOS ANGELES CA 90058

Mailing Address

4510 SOUTH BOYLE AVE.  
LOS ANGELES CA 90058

2. Principal Place of Business

21 Sub: Apt #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Sub: Apt #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified  
**11/22/1993**

3a. Date of Last Report  
**02/03/1995**

4. FEI Number

**95-2110187**

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

**CIARLETTA, DAN  
9252 SAN JOSE BLVD. #4503  
JACKSONVILLE FL 32257**

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 607.0506, Florida Statutes.

SIGNATURE

Signature of the President, Secretary or Treasurer of the Corporation

Signature of the Registered Agent (Signature Required when Changing)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | CDPT                   | <input type="checkbox"/> DELETE |
| NAME           | BECKENFELD, MICKEY     |                                 |
| STREET ADDRESS | 1535 CARLA RIDGE       |                                 |
| CITY, ST, ZIP  | BEVERLY HILLS CA 90210 |                                 |
| TITLE          | DVS                    | <input type="checkbox"/> DELETE |
| NAME           | BECKENFELD, LILLIAN    |                                 |
| STREET ADDRESS | 1535 CARLA RIDGE       |                                 |
| CITY, ST, ZIP  | BEVERLY HILLS CA 90210 |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY, ST, ZIP  |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY, ST, ZIP  |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY, ST, ZIP  |                        |                                 |

|                   |   |
|-------------------|---|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |   |
| 13 STREET ADDRESS |   |
| 14 CITY, ST, ZIP  |   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |   |
| 23 STREET ADDRESS |   |
| 24 CITY, ST, ZIP  |   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |   |
| 33 STREET ADDRESS |   |
| 34 CITY, ST, ZIP  |   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |   |
| 43 STREET ADDRESS |   |
| 44 CITY, ST, ZIP  |   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |   |
| 53 STREET ADDRESS |   |
| 54 CITY, ST, ZIP  |   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |   |
| 63 STREET ADDRESS |   |
| 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)(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 Book 12 or Book 13 if changed, or on an attached exhibit with an address.

SIGNATURE: *Mickey Beckenfeld* **MICKEY BECKENFELD - PRESIDENT** 01/17/96 (213)587-7641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OFFICER OR DIRECTOR

DATE OF FILING

CR2E034 (12/95)