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FILED
Jan 23, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

01-23-1999 90028 027 ***150.00

DOCUMENT # **F93000005307**

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

DO NOT WRITE IN THIS SPACE

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

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business: 21 [] Suite, Apt. #, etc. 22 [] City & State 23 [] Zip 24 [] Country 25 []

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

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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE: **CDPT** DELETE
 NAME: **BECKENFELD, MICKEY**
 STREET ADDRESS: **1535 CARLA RIDGE**
 CITY-ST-ZIP: **BEVERLY HILLS CA 90210**

TITLE: **DVS** DELETE
 NAME: **BECKENFELD, LILLIAN**
 STREET ADDRESS: **1535 CARLA RIDGE**
 CITY-ST-ZIP: **BEVERLY HILLS CA 90210**

TITLE: DELETE

TITLE: DELETE

TITLE: DELETE

TITLE: DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

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 hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *Mickey Beckenfeld* **Mickey Beckenfeld-President 01/06/98 (323) 587-7641**

CR2E034 (11/98)