

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000017721 (0)**

1. Corporation Name
M B LIQUOR CORP.



Principal Place of Business
H. HANAU
~~6 MARSHALL MCALPINE~~
446 COLLINS AVE.
MIAMI BEACH FL 33139

Mailing Address
H. HANAU
~~6 MARSHALL MCALPINE~~
446 COLLINS AVE.
MIAMI BEACH FL 33139

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
03/09/1993	05/01/1995
4. FEI Number	Applied For / Not Applicable
65-0401543	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

THREATT, ROBERT R.
446 COLLINS AVENUE
MIAMI BEACH FL 33139

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

Signature, typed or printed name of registered agent and the filer, if applicable. (INCOME Registered Agent Signature required when not filer) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPTS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCALPINE, MARSHALL	1.2 NAME	
STREET ADDRESS	446 COLLINS AVE.	1.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI BEACH FL 33139	1.4 CITY- ST- ZIP	
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANAU, H.	2.2 NAME	
STREET ADDRESS	446 COLLINS AVE	2.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI BEACH FL	2.4 CITY- ST- ZIP	
TITLE	VPS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEE, M.	3.2 NAME	
STREET ADDRESS	446 COLLINS AVE	3.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI BEACH FL	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

Handwritten in Block 13: P HANAU, H. 446 COLLINS AVE MIAMI BEACH FL 33139

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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Margaret Nee VP*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96 305-532-2519
DATE FILING OFFICE

CFR2E034 (12/95)