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Feb 27 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000017721 (0)

1. Corporation Name  
M B LIQUOR CORP.



Principal Place of Business

H. HANAU  
446 COLLINS AVE.  
MIAMI BEACH FL 33139  
US

Mailing Address

H. HANAU  
446 COLLINS AVE.  
MIAMI BEACH FL 33139-6610  
US

3. Date Incorporated or Qualified  
03/09/1993

3a. Date of Last Report  
03/22/1996

2. Principal Place of Business

21 One S. Pointe Dr.

2a. Mailing Address

26 One S. Pointe Dr.

4. FEI Number  
65-0401543

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 City & State  
Miami Beach FL

28 City & State  
Miami Beach FL

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 Zip 33139

Country

29 Zip 33139

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
One S. Pointe Dr.

83

84 City

Miami Beach

FL

85 Zip Code  
33139

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 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 P  DELETE  
NAME HANAU, H.  
STREET ADDRESS 446 COLLINS AVE XXX  
CITY-ST-ZIP MIAMI BEACH FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS One S. Pointe Dr.  
1.4 CITY-ST-ZIP Miami Beach FL 33139

TITLE VPS  DELETE  
NAME NEE, M.  
STREET ADDRESS 446 COLLINS AVE XXX  
CITY-ST-ZIP MIAMI BEACH FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS One S. Pointe Dr.  
2.4 CITY-ST-ZIP Miami Beach FL 33139

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Margaret Nee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margaret Nee, VP

2/19/97

Date

305-532-2519

Daytime Phone

CFR2034 (9/96)