

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90066 007 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

DOCUMENT # P93000017721

1. Corporation Name
 M B LIQUOR CORP.



Principal Place of Business
 ONE S POINTE DR
 MIAMI BEACH FL 33139
 US

Mailing Address
 ONE S POINTE DR
 MIAMI BEACH FL 33139
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 404 WASHINGTON AVE.
 Suite, Apt. #, etc. 22 120
 City & State 23 MIAMI BEACH, FL
 Zip 24 33139 Country 25 DADE

2a. Mailing Address
 26 404 WASHINGTON AVE.
 Suite, Apt. #, etc. 27 120
 City & State 28 MIAMI BEACH, FL
 Zip 29 33139 Country 30 DADE

3. Date Incorporated or Qualified
 03/09/1993

4. FEI Number
 65-0401543

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

9. Name and Address of Current Registered Agent
~~THREATT, ROBERT R.~~
~~ONE S POINTE DR~~
~~MIAMI BEACH FL 33139~~

10. Name and Address of New Registered Agent
 81 Name BRIAN A. HART
 THOMSON, MDRARO, RAZOVS HART, P.A.
 82 Street Address (P.O. Box Number is Not Acceptable)
 ONE SOUTHEAST THIRD AVENUE
 83 17TH FLOOR
 84 City MIAMI FL 85 Zip Code 33131

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 *Brian A. Hart* BRIAN A. HART 4/29/99 DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HANAU, H.	
STREET ADDRESS	ONE S POINTE DR	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	NEE, M.	
STREET ADDRESS	ONE S POINTE DR	
CITY-ST-ZIP	MIAMI BEACH FL	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	404 WASHINGTON AVE.
2.3 STREET ADDRESS	SUITE 120
2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	S CATHY COLONNESE
4.3 STREET ADDRESS	404 WASHINGTON AVE, SUITE 120
4.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Cathy Colonne* SIGNATURE OF CATHY COLONNESE 4/29/99 DATE

CR2E034 (1/198)