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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9700085009 (3)

EURO LIQUORS, CORP.

## FILED Apr 22 1998 8:00am Secretary of State

| 20110 1   | inggotto, ootii -                    |                                  |                              |   |  |   |  |
|---|--------------------------------------|----------------------------------|------------------------------|---|--|---|--|
| Principal Place of Business Mailing Address   |                                      | Mailing Address                  |                              |   | -  | FRIBI OBJET CITIL EBITE BEITE IBIT 1891 |  |
| 15126 SW 72ND ST 15126 SW 72ND ST   |                                      |                                  |                              |   |  |   |  |
| MIAMI FL 33193 MIAMI FL 33193   |                                      |                                  |                              |   | DO NOT WRITE IN THIS SPACE                 |   |  |
|   |                                      |                                  |                              |   | 3. Date Incorporated or Qualified          | N THIS SPACE                            |  |
|   |                                      |                                  |                              |   | 09/29/1997                                 |   |  |
|   | Place of Business                    | 2a. Mailing Address              |                              |   | 4. FEI Number                              | Applied For                             |  |
| 21 26   |                                      |                                  |                              |   | 65-0783371                                 | Not Applicable                          |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc.   |                                      |                                  |                              |   | 5. Certificate of Status Desired           | \$8.75 Additional                       |  |
| 22 City & Stal  | 27                                   |                                  |                              |   |  | Fee Required                            |  |
| 23 28   |                                      |                                  |                              | Election Campaign Financing     Trust Fund Contribution | \$5.00 May Be Added to Fees                |   |  |
| Zip   | <del></del>                          |                                  |                              |   | 8. This corporation owes or has paid       |   |  |
| 24  | 25                                   | 29                               | 29 30                        |   | Personal Property Tax due June 3           |   |  |
| Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent   |                                      |                                  |                              |   |  |   |  |
| DINIS, <b>G</b> ILBERTO G   |                                      |                                  |                              | Name  |  |   |  |
| 15128 <b>\$</b> W 72ND ST   |                                      |                                  |                              | Street Addre  | ess (P.O. Box Number is Not Acceptable     | »)                                      |  |
| MI/   | WII FL 33193                         |                                  | 83                           |   |  | <del> </del>                            |  |
| ļ   |                                      |                                  | 83                           |   |  |   |  |
|   |                                      |                                  | 84                           | City  |  | FL 85 Zip Code                          |  |
| 11. Pursuant  | to the provisions of Sections 607.05 | 02 and 607,1508. Florida Statute | s, the above-r               | named corpo   | pration submits this statement for the pur | roose of changing its registered        |  |
| 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   |                                      |                                  |                              | signaturo require                                       | d when reinstating)                        | DATE                                    |  |
| 12.   |                                      | ID DIRECTORS                     | 13.                          |   | ADDITIONS/CHANGES TO OFFICE                |   |  |
| TITLE   | PTD                                  | DELETE                           | 1.1 TITLE                    |   |  | Change Addition                         |  |
| NAME  | 0,110, 0,000,110                     |                                  | 1.2 NAME                     |   | _  |   |  |
| STREET ADDRESS  | 10 100 011 10110 01                  |                                  | 1.3 STREET ADDRESS           |   | · ·  |   |  |
| CITY-ST-ZIP<br>TITLE  | MIAMI FL 33193<br>VSD                | DELETE                           | 1.4 CITY+ST-ZIP<br>2.1 TITLE |   | · · · · · · · · · · · · · · · · · · ·      | Change Addition                         |  |
| NAME  | DINIS, MARIA Z                       | L vecit                          | 2.2 NAME                     |   |  | C Change C Addition                     |  |
| STREET ADDRESS  | 15126 SW 72ND ST                     |                                  | 2.3 STREET AD                | ODBESS  |  |   |  |
| CITY-ST-ZIP   | MIAMI FL 33193                       |                                  | 2.4 CITY-ST-                 |   |  |   |  |
| TITLE   | TRESUR                               | DELETÉ                           | 3.1 TITLE                    |   |  | Change Addition                         |  |
| HAME  | Flores, CECILIA                      | ES, CECILIA 3                    |                              |   |  |   |  |
| STREET ADDRESS  |                                      |                                  | 3.3 STREET AC                | DRESS   |  |   |  |
| CITY-ST-ZIP   | Hialeuh FL.                          |                                  | 3 4. CITY - ST -             | ZIP   |  |   |  |
| TITLE   |                                      | ☐ DELETÉ                         | 4.1 TITLE                    |   |  | Change Addition                         |  |
| NAME  |                                      |                                  | 4. 2 NAME                    |   |  |   |  |
| STREET ADDRESS  |                                      |                                  | 4.3 STREET AD                | ·   |  |   |  |
| CITY-ST-ZIP   |                                      | DELETE                           | 4.4 CITY-ST-                 | ZIP   |  |   |  |
| TITLE   |                                      | ☐ DELET <b>E</b>                 | 5.1 TITLE                    |   |  | ☐ Change ☐ Addition                     |  |
| NAME<br>STREET ADDRESS  |                                      |                                  | 5.2 NAME                     | porce   |  | i                                       |  |
| STREET ADDRESS  |                                      |                                  | 5.3 STREET AD                |   |  |   |  |
| CITY-ST-ZIP<br>TITLE  |                                      | DELETE                           | 5.4 CITY-ST-                 | ZIP   |  | ☐ Change ☐ Addition                     |  |
| NAME  |                                      | المام المام                      | 6.2 NAME                     | İ   |  | Change Regulated                        |  |
| STREET ADDRESS  |                                      |                                  | 6.3 STREET AD                | ODRESS  |  |   |  |
| CITY-ST-ZIP   |                                      |                                  | 6.4 CITY-ST-                 |   |  |   |  |
| 4.4   |                                      |                                  |                              |   |  |   |  |

I. I hereby certify that the information supplied with this fiting 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 if true any 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 empowed 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 the address.

4-16-00