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

APPROVED AND FILED

99 JAN 14 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # V73869

1. Corporation Name

PAMEN LIQUOR STORE NO. 2, INC.

Principal Place of Business	Mailing Address
2300 CORAL WAY #200 MIAMI FL 33145 US	2300 CORAL WAY #200 MIAMI FL 33145 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 10/23/1992

2. Principal Place of Business
21 2300 Coral Way
Suite, Apt. #, etc.
22 Suite # 200
City & State
23 Miami, Florida
Zip 24 33145 Country 25 US.

2a. Mailing Address
26 2300 Coral Way
Suite, Apt. #, etc.
27 Suite # 200
City & State
28 Miami, Florida
Zip 29 33145 Country 30 US.

4. FEI Number: 65-0365358 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

FLORIDA ANNUAL REPORT SERVICES INC.
2300 CORAL WAY
#200
MIAMI FL 33145

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: AMADA CANTERA LOPEZ, President 1/11/99
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	PD/	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MENDEZ, PABLO		1.2 NAME	
STREET ADDRESS	6767 Collins Ave. # 1102		1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, Fl.		1.4 CITY-ST-ZIP	
TITLE	S/	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MENDEZ, EMILIA		2.2 NAME	
STREET ADDRESS	6767 Collins Ave. # 1102		2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, Fl.		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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1/14/99

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: 1/11/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #