

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000005307

**FILED**  
**Feb 13, 2017**  
**Secretary of State**  
**CC0921191975**

**Entity Name:** MUTUAL WHOLESALE LIQUOR INC.

**Current Principal Place of Business:**

6400 CORVETTE STREET  
CITY OF COMMERCE, CA 90040

**Current Mailing Address:**

6400 CORVETTE STREET  
CITY OF COMMERCE, CA 90040 US

**FEI Number:** 95-2110187

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LUKACS, STEVE  
2113 VETERAN AVENUE  
LOS ANGELES, FL 90025 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CDPT  
Name MONASTIRSKY, HARVEY  
Address 2754 MOTOR AVENUE,  
City-State-Zip: LOS ANGELES CA 90064

Title VP  
Name MONASTIRSKY, LINDA  
Address 2754 MOTOR AVENUE,  
City-State-Zip: LOS ANGELES CA 90064

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** HARVEY MONASTIRSKY

**PRESIDENT**

**02/13/2017**

Electronic Signature of Signing Officer/Director Detail

Date