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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 490798 1. Corporation Name FLORIDA BEVERAGE LICENSE, INC. Principal Place of Business Mailing Address 1830 NW 7TH ST MIAMI FL 33125 MIAMI FL 33125-3568						
i\$		US		3. Date Incorporated or Qualified	3a. Date of Last Re	eport
Province F	Place of Business	2a. Mailing Address		02/04/1976 4. FEI Number	04/18/1996	plied For
	Three W. Calentago	26		59-1643661	ļ -	t Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	
City & Sta	ute	City & State		6. Election Campaign Financing	Fee Re \$5.00	<u> </u>
]		28		Trust Fund Contribution	Debba	
Zip	Country	Zip	Country	8. This corporation has liability for		199.032,
1	25] 9. Name and Address of Curr	29 rent Registered Agent	[30]	Florida Statutes 10. Name and Address of New Re	Yes No	
VAL	LDES, RENE M.		81 Name			
	30 N.W. 7TH ST		82 Street Add	dress (P.O. Box Number is Not Acceptat	ole)	
MIA	VMI FL 33125		83		·	
			83			
			84 City		FL 85 Zip (Code
II. Pyrsuant	ran me provisions or sections our c	3502 and 607.1508, Florida Statut	es, the above named cor	rporation submits this statement for the p	ourpose of changing it	s registered
	registered agent, or both, in the St am familiar with and accept the ob- Signary type or pointed name or registered		es, the above-named corpora authorized by the corpora orida Statutes. E. Registered Agent signature requ	rporation submits this statement for the pation's board of directors. I hereby acce	purpose of changing it the appointment as	registered registered
SIGNATURE	Signature typed or punited name of representation	agent and late it applicable INOT AND DIRECTORS	E Registered Agont signature requ	:	DATE CERS AND DIRECTOR	S IN 12
SIGNATURE 12.	Signature by all or pointed name of rigitised OFF ICERS /	agent and ticle if applicable INOT	E: Registered Agont signature required 13.	uired when reinstating)	DATE	
SIGNATURE 12. THE HAME	Signature type of or posited name of representation of FLICERS A PD VALDES, RENE M.	agent and late it applicable INOT AND DIRECTORS	E Registered Agont signature requ	uired when reinstating)	DATE CERS AND DIRECTOR	S IN 12
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Apr 14 1997 8:00am

Secretary of State