FILE NOW: FILING FEE AFTER MAY 1 IS $225.00 1080.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
97 MAR 13 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 564519 (7)

1. Corporation Name
MAYO'S LIQUOR LOUNGE, INC.

REINSTATEMENT 1996-97

Principal Place of Business
15669 N. KENDALL DRIVE
MIAMI FL 33196

Mailing Address
15669 N. KENDALL DRIVE
MIAMI FL 33196

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/16/1977
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2015011 ☐ Applied For ☐ Not Applicable
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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

MCR ACCOUNTING SERVICE, INC.
13500 N. KENDALL DRIVE
SUITE 140
MIAMI FL 33186

10. **Name and Address of New Registered Agent**

81 Name: Arminda Lazaro
82 Street Address (P.O. Box Number is Not Acceptable): 11880 SW 45 STREET
83
84 City: MIAMI FL 85 Zip Code: 33175

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 Arminda Lazaro
Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating)
DATE 1/11/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	☐ Change ☐ Addition
NAME	LAZARO, ARMINDA	1.2 NAME	
STREET ADDRESS	11880 S.W. 45TH STREET	1.3 STREET ADDRESS	400002115344--6
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	-03/17/97--01115--007
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	AMORES, ALICIA	2.2 NAME	***1088.75 ***1088.75
STREET ADDRESS	11880 S.W. 45TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☒ Change ☐ Addition
NAME	GONZALEZ, JULISSA	3.2 NAME	
STREET ADDRESS	11245 N.W. 3 STREET	3.3 STREET ADDRESS	13753 SW 281 STREET
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	HOMESTEAD, FL 33033
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	A. Allen
CITY-ST-ZIP		5.4 CITY-ST-ZIP	3/13/97
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1/11/95
Daytime Phone #: 380-0503

0431071 FP