

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 1:20

DOCUMENT # 642731 (4)

1. Corporation Name
GENARO'S LIQUORS, INC.

Principal Place of Business Mailing Address
6852 GULF OF MEXICO DRIVE 6852 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		10/23/1979	01/27/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-1949651	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

LAFLAMME, RAYMOND
3580 BAYOU CIRCLE
LONGBOAT KEY FL 34228

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 _____ DATE _____
Signature, typed or printed name of registered agent and the # applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAFLAMME, RAYMOND	1.2 NAME	LaFLAMME, RAYMOND L.
STREET ADDRESS	3580 BAYOU CIRCLE	1.3 STREET ADDRESS	3580 Bayou Circle
CITY - ST - ZIP	LONGBOAT KEY FL	1.4 CITY - ST - ZIP	Longboat Key, FL 34228
TITLE	ST	2.1 TITLE	C/S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAFLAMME, JOAN	2.2 NAME	LaFLAMME, JOAN A.
STREET ADDRESS	3580 BAYON CIRCLE	2.3 STREET ADDRESS	3580 Bayou Circle
CITY - ST - ZIP	LONGBOAT KEY FL	2.4 CITY - ST - ZIP	Longboat Key, FL 34228
TITLE		3.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	LaFLAMME, LORI A.
STREET ADDRESS		3.3 STREET ADDRESS	680 Linley Street
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Longboat Key, FL 34228
TITLE		4.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	LaFLAMME, GARY R.
STREET ADDRESS		4.3 STREET ADDRESS	3580 Bayou Circle
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Longboat Key, FL 34228
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 of this report, or on an attachment with an address.

SIGNATURE: *R. LaFlamme* (R.L. LAFLAMME) President 1/31/95 813-383-4888
DATE: _____