

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

FILED
Apr 10 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 642731 (4)
 1. Corporation Name
GENARO'S LIQUORS, INC.



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| Principal Place of Business 6852 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228 | Mailing Address 6852 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228-1335 |
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|--|-------------------------|--|--|
| 3. Date Incorporated or Qualified 10/23/1979 | | 3a. Date of Last Report 05/01/1996 | |
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number 59-1949651 | Applied For <input type="checkbox"/> Not Applicable |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 22. City & State | 27. City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 23. Zip | 28. Zip | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24. Country | 29. Country | 30. Country | |

| | | | |
|---|--|--|------------------------|
| 9. Name and Address of Current Registered Agent LAFLAMME, RAYMOND 3580 BAYOU CIRCLE LONGBOAT KEY FL 34228 | | 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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | PTD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAFLAMME, RAYMOND | 1.2 NAME | |
| STREET ADDRESS | 3580 BAYOU CIRCLE | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | LONGBOAT KEY FL | 1.4 CITY - ST - ZIP | |
| TITLE | CSD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAFLAMME, JOAN A. | 2.2 NAME | |
| STREET ADDRESS | 3580 BAYOU CIRCLE | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | LONGBOAT KEY FL | 2.4 CITY - ST - ZIP | |
| TITLE | VPD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAFLAMME, LORI A. | 3.2 NAME | |
| STREET ADDRESS | 651 JUNGLE QUEEN WAY | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | LONGBOAT KEY FL | 3.4 CITY - ST - ZIP | |
| TITLE | VPD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAFLAMME, GARY R. | 4.2 NAME | |
| STREET ADDRESS | 6128 NICOLE DR. | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | SARASOTA FL | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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 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.

SIGNATURE: *[Signature]* **4/7/97** **941-383-4888**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)