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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporatio	MENT # 6760(S LIQUORS, INC.	09 (4)	1 10 0 11 0 11 11 10 10 0 11 11 0 0 11 11	LEFÐ IÐRÍ ÐIÐRÍ ÐIÐRÍ ÐEÐRÍ ÐI	### B18#1 B18#1 1881	
Principal Place	e of Business	Mailing Address				
12846 SW BTH STREET MIAMI FL 33184		12846 SW 8TH STREET MIAMI FL 33184				
	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualified 06/23/1980 4. EEI Number	3a. Date of Last 02/13/1	•
21	U	26		59-2006203		Not Applicable
Suite, Apt.	#, EIC.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1	5 Additional
City & State	9	City & State	*	C Clarifica Comparing Francisco		Required
23		28		6. Election Campaign Financing Trust Fund Contribution		DO May Be ed to Fees
7ip 24	Country 25	Ζφ 29	Country 30	8. This corporation has liability for Florida Statutes 💢 Yes	intangible tax under s s ∐No	
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New I	Registered Agent	
12846	rre, Lilian A. Sw 8th Street Fl 33184			ess (P.O. Box Number is Not Accepta	ble)	
			84 City		FL 85 7	ip Code
	in, and accept the obligations of, sec	tion 607.0505, Florida Statute	S.	d of directors. Thereby accept the app	ointment as registere	d agent. I am
SIGNATURE _	Signature, lyned or printed name of registered agen	nt and tree Lappicable (N ND DIRECTORS	Oth Register d Agent separate reserved		DA [†] E	
SIGNATURE _ 12. TITLE NAME	Signature, typed or printed name of registered agen	n and tre Lappicable (N	OTE: Registered Agent sup at we receive o	Milion removality (i	DA [†] E	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Synature, typed or printed name of registered age: OFFICERS AN PDV IZAGUIRRE, LILIAN	n; and the Capplicable (N ND DIRECTORS DELETE	13. 1.1 THE 1.2 NAME 1.3 STREEL ADDRESS 1.4 CITY-ST-ZP	Milion removality (i	DATE ICERS AND DIRECTO	ORS IN 12
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4. Too hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Frorida 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 attachine; with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

President 3/20/96 305-5520084