PRO₩IT CORPORATION ANNUAL REPORT



FLORIDA DE PARAMENT OF STATE

Katherine Harris

Secretary of State DIVISIÓN OF CORPORATIONS

1999

Presignal Place of Business

2 Principal Place of Business

Suite, Apt. # etc

City & State

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 $Z \phi$

DOCUMENT # 676009 1. Corporation Name

IZZY'S LIQUORS, INC.

Country

9. Name and Address of Current Registered Agent

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IZAGUIRRE, LILIAN A.

12846 SW 8th STREET MIAMI, FL. 33184

Madica Address.

2a. Mailing Address

City & State

Suite, Apt. #, etc

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Zip

12846 SW 8th STREET MIAMI, FL. 33184

12846 SW 8th STREET MIAMI, FL. 33184

AMENDED ANNUAL REPORT

FILED 99 JPH 29 TH 4: 39 MILTER THE ALGAIGN

DO NOT WRITE IN THIS SP.	ΑC	1
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	59-2006203		1 1	Applied For Not Applicat
5 .	Certificate of Status Desired	[]	\$8.7	5 Additional Required
	Etection Campaign Financing Trust Fund Contribution	[]	\$5.00 May Be Added to Fees	
	This corporation owes the curre Personal Property Tax	ont year I	ntangible []Yes	XX No
10.	Name and Address of New R	egistere	d Agent	

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 charging its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes.

Country

81 Name

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Street A

City

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SIGNATURE	Signature type from protest name of registers diagrees and title if ap-	Jimater (NOTE B	o gederad Alec I signature r	econd Material Stand	i
12	ÖFFICERS AND DIRECT	ORS	13,	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
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NAME	IZAGUIRRE, LILIAN		1.2 NAME	IZAGUIRRE, LILIAN	
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TITLE		[DELFTE	21 TiTLE	PT	[] Change 💢 Addition
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STREET ADDRESS			23 STREET ADDRESS	12846 SW 8th ST.	
Ciln-S1-Zif:			2.4 C-TY-ST-Z⊕	MIAMI, FL. 33184	
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NAME	(3.2 NAME	7000629	297671
STREET ADDRESS			3.3 STREET ADDRESS		3301034021
CHAIST-ZF			3.4 CITY-ST-Zii-		.25 ************************************
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NAME			4 2 NAME		
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CITY-SI-ZIF		<u>.</u>	4.4 CITY - 5T- ZIF		
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NAME:			5.2 NAME		
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CHY-ST-Z#			54 City-SI-ZiP		
TITLE		DELETE	6 t TITLE		[" Change [Addition
NAME			62 NAME		cO
STREET ASSURESS			6 3 STREET ADDRESS		21.
CITY-51-216	1		6 4 C(TY - \$1 - ZiF		

14. I 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 supplienental 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, with all other like empowered.

SIGNATURE: X

305-552008 4

85 Zip Code