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

**PROFIT** CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90201 045 \*\*\*158.75

LICORERA ORIENTE, INC.											
Principal Place	e of Business	Mailing Address	Mailing Address				i (#418) saudi ildal autu bibib irai:	1 864) etett árá	-  -  -  -  -  -  -  -  -  -  -  -	i) 4.6ft niðit 168t	
1205 S.W. 37TH	I AVE	1205 S.W. 37TH AVE.					7.1				
#300		#300					DO NOT WRITE IN THIS SPACE				
MIAMI FL 33135	5	MIAMI FL 33135					3. Date Incorporated or Qualified				
US		<b>US</b> - 3 5 3 3 3 5					07/01/1961				
2 D	leas of Rusinoss		2a. Mailing Address				4. FEI Number Applied For				1
	lace of Business		26							Not Applicable	1
Suite, Apt.	# etc		Suite, Apt. #, etc.				. \$8.75 Additiona				1
22	#, G.G.	27					5. Certifcate of Status Desired	X	Fee	Required	
City & State	e	City & State					6. Election Campaign Financing		\$5.0	<b>0</b> May Be	}
23		28					Trust Fund Contribution		Adde	d to Fees	_
Zip	Country	Zip	ountry			8. This corporation owes the curre			_		
24	25	29	30				Personal Property Tax.		Yes	□No	4
		81			10. Name and Address of New Re	egistered A	gent		-		
					Name						
ALVAREZ, CLAUDIO I.				82 Street Add			ss (P.O. Box Number is Not Acceptat	ole)	_		1
	S SW 37TH AVENUE										1
#300		•		83							ĺ
MIAN	VII FL 33135		84	City	F-1			85 Zip Code		1	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was aut							the submite this statement for the	FL	hanging	ite registered	╬.
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	)2 and 607.1508, Florida Stat of Florida. Such change was	utes, the a authorize	above id by f	r-named the corpo	corpor oration	ration submits this statement for the parties accept is board of directors. I hereby accept	the appoin	tment as	registered	1
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Sta	tutes.						•	
SIGNATURE	Signature, typed or printed name of registered age	And the Manellookle (NO)	TE: Basistere	d Acent	t sizmature C	required y	when reinstating)	DATE			<b>\</b> ,
12.		ND DIRECTORS	· ·	. Digitality	-	ADDITIONS/CHANGES TO OFF	ICERS AND	DIREC	TORS IN 12	] ;	
TITLE	PD	☐ DELETE	1.17	m.e		ļ			Chang	e Addition	
NAME	ALVAREZ, CLAUDIO I.		1.21	VAME		ĺ					1
STREET ADDRESS 1205 SW 37 AVE #300			1.3 STR		ADDRESS						
CITY-ST-ZIP	MIAMI FL				r-ZIP						
TITLE	STD	☐ DELETÉ	2.1 1	ITLE					☐ Chang	e 🗌 Addition	
NAME	ORTIZ. MAGDALENA A		2.21	VAME		<u> </u>					
_STREET ADDRESS	400F O M 07FH 41/F		2.3 STREET ADDRESS								+=
CITY-ST-ZIP	MIAMI FL 33135		2.4	2.4 CITY-ST-ZIP							4
TITLE	D	☐ DELETE	3.1	ITILE					☐ Chang	je 🔲 Additior	1
NAME	BROWN, CARMEN A.		3.2 NAME			}	•				1
STREET ADDRESS	ss 1205 SW 37 AVE #300		3.3 5	3.3 STREET ADDRESS		ļ					
CITY-ST-ZIP	111111111111111111111111111111111111111		3.4.	3.4. CITY-ST-ZIP							4
TITLE	0	☐ DELETE		MLE					Chanç	ge 🗌 Addition	1
NAME	OBREGON, MARIA A	, 110-0-10-1-1-1		4. 2 NAME							
STREET ADDRESS	1205 S.W. 37 AVE. #300		4.3 5	STREET	ADDRESS		·				
CITY-ST-ZIP	MIAMI FL			CITY-ST	[-ŻIP	<del> </del>			Chang	e Addition	+
TITLE	D	☐ DELETE	1	IIILE		}			∐ ∪nanç	la □ Wdminor	1
NAME	ROSELL, GUILLERMO			NAME	1000000						1
STREET ADDRESS			1		ADDRESS	1					1
CITY-ST-ZIP	MIAMI FL	DELETE		CITY-ST	1-ZIP	├		<del></del> -	☐ Chang	je 🔲 Addition	7
TITLE		ר) הברבור		NAME		1				,- <u> </u>	
NAME					TREET ADORESS						
STREET ADDRESS						Į					
CITY-ST-ZIP	l . ·	0	0.4	CITY-SI	1-415						

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 supplemental angual 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 received or justee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR