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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

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

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

DOCUMENT # 815420

1. Corporation Name  
LICORERA ORIENTE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1205 S.W. 37TH AVE. #300 MIAMI FL 33135 US		Mailing Address 1205 S.W. 37TH AVE. #300 MIAMI FL 33135 US	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24		Zip 29	
Country 25		Country 30	
9. Name and Address of Current Registered Agent ALVAREZ, CLAUDIO I. 1205 SW 37TH AVENUE #300 MIAMI FL 33135			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE PD NAME ALVAREZ, CLAUDIO I. STREET ADDRESS 1205 SW 37 AVE #300 CITY-ST-ZIP MIAMI FL TITLE STD NAME ORTIZ, MAGDALENA A STREET ADDRESS 1205 S.W. 37TH AVE. CITY-ST-ZIP MIAMI FL 33135 TITLE D NAME BROWN, CARMEN A. STREET ADDRESS 1205 SW 37 AVE #300 CITY-ST-ZIP MIAMI FL TITLE D NAME OBREGON, MARIA A. STREET ADDRESS 1205 S.W. 37 AVE. #300 CITY-ST-ZIP MIAMI FL TITLE D NAME ROSELL, GUILLERMO STREET ADDRESS 1205 SW 37 AVE, #300 CITY-ST-ZIP MIAMI FL TITLE NAME STREET ADDRESS CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034.(1/1/98)

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