

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 APR 11 PM 1:44

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # G52326 (7)

**1. Corporation Name
HACIENDA SANTO DOMINGO DISTILLERY INTERNATIONAL,
INC.**

Principal Place of Business	Mailing Address
C/O VINA & COMPANY, CPA 5975 SUNSET DRIVE #605 S. MIAMI FL 33143	C/O VINA & COMPANY, CPA 5975 SUNSET DRIVE #605 S. MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/02/1983	3a. Date of Last Report 05/31/1994
--	--

4. Fed Number 59-2431587	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	---

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business	2a. Mailing Address
21 255 ALHAMBRA CIRCLE Suite, Apt. #, etc 22 715	26 255 ALHAMBRA CIRCLE Suite, Apt. #, etc 27 715
23 City & State CORAL GABLES, FL	28 City & State CORAL GABLES, FL
24 Zip FL 33134	29 Zip 33134

9. Name and Address of Current Registered Agent

NUNEZ, AIMEE L. ESO
780 N W 42ND ST
#400
MIAMI FL 33128

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P O Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code

FL

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 registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALAZAR, LAURA	2. NAME	
STREET ADDRESS	5975 SUNSET DR. #605	3. STREET ADDRESS	255 ALHAMBRA CIRCLE, #715
CITY, ST, ZIP	MIAMI FL	4. CITY, ST, ZIP	CORAL GABLES, FL 33134
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(B), 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 registrar or trustee empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE *Laura Salazar* **LAURA SALAZAR** **905-444-0070**
(Signature typed or printed name of signing officer or director)
C/O VINA POA CPA **4/6/95**