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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

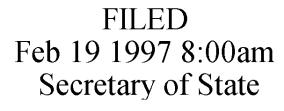
Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # G52326

(7)

HACIENDA SANTO DOMINGO DISTILLERY INTERNATIONAL, INC.





Principal Place 255 ALHAMBRI SUITE 715 CORAL GABLE US 2. Principal F 21 Suite, Apt	A CIRCLE S FL 33134 Place of Business	Mailing Address 255 ALHAMBRA CIRCLE SUITE715 CORAL GABLES FL 33134 US 2a. Mailing Address 26 Suite, Apt. #, etc.	255 ALHAMBRA CIRCLE SUITE715 CORAL GABLES FL 33134-7404 US 2a. Mailing Address 26			3. Date Incorporated or Qualified 08/02/1983 4. FEI Number 59-2431587	O2/16/1996 Applied For Not Applicable			
City & Stat 23	е	27 City & State			Certificate of Status Desired Election Campaign Financing		\$5.00 May Be Added to Fees			
Zip	Country	Zip	Zip Country			Trust Fund Contribution 8. This corporation has liability for in				
24	25	29	30				Yes		199.032,	
	g. Name and Address of Curren		[30]	T		10. Name and Address of New Reg			· · · · · · · · · · · · · · · · · · ·	
NI II	NEZ, AIMEE L. ESQ			81	Name					
780 N W 42ND ST				82 Street Address (P.O. Box Number is Not Acceptable)						
#400 MIAMI FL 33126				83						
MIA			83							
				84	City		FL	85 Zip (Code	
office or i agent I a SIGNATURE	Signature, typed or printed name of registered ago OFFICERS ANI	nt and liftle if applicable (NO				coration submits this statement for the price of the pric	DATE ERS AND [DIRECTOR	S IN 12	
TITLE	PS	☐ DELETE	1.11	ITLE				Change	Addition	
NAME.	SALAZAR, LAURA		1.2 N	AME						
STREET ADDRESS	255 ALHAMBRA CIRCLE #715		1.3 5	TREET AC	ODRESS					
CITY-ST-ZIP	CORAL GABLES FL		1.4 C	ITY-ST-	ZIP					
TITLE	DELI			2.1 TITLE				Change	Addition	
NAME			22 N	2.2 NAME			•	_		
STREET ADDRESS			ı	TREET AC	NORESS.	•				
CTY-ST-ZIP					1					
TITLE		DELETE	2. 4 City-St-ZiP 3.1 Title		ZIF		<u> </u>	Change	Addition	
NAME			3.2 NAME				_	= +1.21.84		
STREET ADDRESS			1	TREET AC	AUBESS					
			•				•			
CITY-ST-ZIP TITLE	 	DELETE	3.4. L	11Y-\$1-	LAT		г	Change	Addition	
-		- verent					<u>.</u>	i vinite	turn countries	
NAME CIPTET APOULOG			4.21		Sporor					
STREET ADDRESS				TREET AC						
CITY-ST-ZIP		DELETE		TY-ST-	ZP'			Change	Addition	
TITLE		FT nerest	5.1 T)				L	_ Change		
NAME			5.2 N		. 1					
STREET ADDRESS				TREET AC						
CITY - ST - ZIP				ITY-ST-	ZIP			-		
TITLE		☐ DELETE	6.1 TI	ITLE			Ļ	Change	Addition	
NAME			6.2 N	AME	1.					
STREET ADDRESS			6.3 S	TREET AC	DORESS					
CITY-ST-ZIP			6.4 C	ITY-ST-	Z#P					

14. I do 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICES A DIRECTOR

JEV13 197

Cardina Phana H