

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # G56111 (9)

1. Corporation Name
BISCAYNE PACKAGE LIQUOR NO. 2, INC.



Principal Place of Business: **6050 BISCAYNE BOULEVARD MIAMI FL 33137-2225**
Mailing Address: **6050 BISCAYNE BOULEVARD MIAMI FL 33137-2225**

| | | | | | | | | | |
|--------------------------------|----|---------|----|----|---------------------|----|---------|----|----|
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 2. Principal Place of Business | | | | | 2a. Mailing Address | | | | |
| State, April, etc. | | | | | State, April, etc. | | | | |
| City & State | | | | | City & State | | | | |
| Zip | | Country | | | Zip | | Country | | |

| | |
|--|--|
| 3. Date Incorporated or Qualified 08/16/1983 | 3a. Date of Last Report 04/03/1995 |
| 4. FEI Number 59-2322718 | Applies For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**HENRIQUEZ, RAFAEL
6050 BISCAYNE BLVD.
MIAMI FL**

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 |

FL

11. Pursuant to the provisions of Sections 607.03(2)(c) and 607.1506, 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, hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.03(2)(c) Florida Statutes.

SIGNATURE _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------|---|---|
| 1. TITLE | PSD | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | HENRIQUEZ, RAFAEL | 2. NAME | |
| 3. STREET ADDRESS | 6050 BISCAYNE BLVD. | 3. STREET ADDRESS | |
| 4. CITY, ST, ZIP | MIAMI FL | 4. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. TITLE | | 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME | | 6. NAME | |
| 7. STREET ADDRESS | | 7. STREET ADDRESS | |
| 8. CITY, ST, ZIP | | 8. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 9. TITLE | | 9. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME | | 10. NAME | |
| 11. STREET ADDRESS | | 11. STREET ADDRESS | |
| 12. CITY, ST, ZIP | | 12. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13. TITLE | | 13. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME | | 14. NAME | |
| 15. STREET ADDRESS | | 15. STREET ADDRESS | |
| 16. CITY, ST, ZIP | | 16. CITY, ST, ZIP | |

14. I do hereby certify that the information supplied in this report is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(a), Florida Statutes. I further certify that the information indicated on this report is correct or supplemental information reported 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 trustee or transfer agent provided by statute for the report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 of the general or special record with an address.

SIGNATURE: *Rafael Henriquez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-09-96 305-958-0182

CR2E034 (12/95)