

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 10 1996 8:00 am
Secretary of State

DOCUMENT # H98708 (1)

1. Corporation Name

INTERNATIONAL WINE & LIQUOR DISTRIBUTING CO.



Principal Place of Business

Mailing Address

~~8351 NW 36 STREET~~
MIAMI FL 33166

8351 NW 36 STREET
MIAMI FL 33166

2. Principal Place of Business

2a. Mailing Address

21 1810 NW 96 Ave
Suite, Apt. #, etc.

26 1810 NW 96 Ave
Suite, Apt. #, etc.

22 MIAMI FL
City & State

27 MIAMI FL
City & State

23 Zip 33172 Country USA

28 Zip 33172 Country USA

9. Name and Address of Current Registered Agent

OTERO, ERNESTO
~~8351 NW 36 STREET~~
MIAMI SHORES FL 33166

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

MIAMI

FL

85 Zip Code

33172

11. Pursuant to the provisions of Sections 607.0602 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 607.0606, Florida Statutes.

SIGNATURE

Signature, type or print name of shareholder, agent, officer or director

Signature, type or print name of shareholder, agent, officer or director

DATE

12. OFFICERS AND DIRECTORS

TITLE PD [] DELETE

NAME OTERO, ERNESTO

STREET ADDRESS 8351 NW 36 STREET

CITY-STATE-ZIP MIAMI FL

TITLE VD [] DELETE

NAME OTERO, GISELA

STREET ADDRESS 8351 NW 36 STREET

CITY-STATE-ZIP MIAMI FL

TITLE SD [] DELETE

NAME OTERO, GISELA

STREET ADDRESS 8351 NW 36 STREET

CITY-STATE-ZIP MIAMI FL

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-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 Section 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 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

[] Change [] Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

[] Change [] Addition

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

[] Change [] Addition

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

[] Change [] Addition

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

[] Change [] Addition

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

[] Change [] Addition

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

4/3/96

544-2523

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