1998 AR

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION FOR REINSTATEMENT~~

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JUL 24 AM 10: 15

DOCUMENT # H 98708 H98708

1. Corporation Name
INTERNATIONAL WINE & LIQUOR DISTRIBUTING CO

Principal Place of Business / Mailing Address
1801 N.W 96th. AVE.
MIAMI, Fl. 33172.

200002600682--3
-07/28/98--01013--015
****593.75 ****550.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
7349 N.W. 54th ST.
Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA.
Zip: 33166. Country: U.S.A.

3. New Mailing Office Address, If Applicable
10350 S.W 64th ST.
Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA
Zip: 33173 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 02-11-1986

5. FEI Number: 59-2634071 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	EDWARD W. KOZIAL	10350 S.W. 64th ST.	MIAMI, FLORIDA, 33173
VIC. PRE.	LUIS SARDIÑA	21605 S.W. 194 AV.	MIAMI, FLORIDA, 33170
TREDS.	GISELA OTERO.	262. N.E. 93 rd. ST.	MIAMI SHORES, Fl. 33138
SEC.	ERNESTO OTERO.	262. N.E. 93 rd. ST.	MIAMI SHORES, Fl. 33138

8. Name and Address of Current Registered Agent
ERNESTO OTERO
262. N.E. 93 RD ST.
MIAMI SHORES, Fl. 33138

9. Name and Address of New Registered Agent
Name: LUIS SARDIÑA
Street Address (P.O. Box Number is Not Acceptable): 21605 S.W. 194 AVE.
Suite, Apt. #, Etc.
City: MIAMI. State: FL Zip Code: 33170

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] Date: 07-20-1998
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SP 7/27/98

SIGNATURE: [signature] 07-20-98

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] 07-20-1998

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT.	☒ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	ERNESTO OTERO.		1.2 NAME	EDWARD W. KOZIAL.	
STREET ADDRESS	262 N.E. 93rd ST.		1.3 STREET ADDRESS	10350 S.W. 64 ST.	
CITY-ST-ZIP	MIAMI SHORES, Fl. 33138		1.4 CITY-ST-ZIP	MIAMI, Fl. 33173	
TITLE	VICE - PRESIDENT	☒ DELETE	2.1 TITLE	VICE - PRESIDENT.	☒ Change ☐ Addition
NAME	GISELA OTERO.		2.2 NAME	LUIS SARDIÑA	
STREET ADDRESS	262 N.E. 93 rd ST.		2.3 STREET ADDRESS	21605 S.W. 194 AVE.	
CITY-ST-ZIP	MIAMI SHORES, Fl. 33138		2.4 CITY-ST-ZIP	MIAMI, Fl. 33170	
TITLE	SECRETARY.	☒ DELETE	3.1 TITLE	SECRETARY.	☒ Change ☐ Addition
NAME	GISELA OTERO		3.2 NAME	ERNESTO OTERO	
STREET ADDRESS	262 N.E. 93 rd ST.		3.3 STREET ADDRESS	262 N.E. 93 rd ST	
CITY-ST-ZIP	MIAMI SHORES, Fl. 33138		3.4 CITY-ST-ZIP	MIAMI SHORES, Fl. 33138	
TITLE	DIRECTOR.	☒ DELETE	4.1 TITLE	TREASURER.	☒ Change ☐ Addition
NAME	ERNESTO OTERO		4.2 NAME	GISELA OTERO	
STREET ADDRESS	262. N.E. 93 rd ST.		4.3 STREET ADDRESS	262. N.E. 93 rd ST.	
CITY-ST-ZIP	MIAMI SHORES, Fl. 33138.		4.4 CITY-ST-ZIP	MIAMI SHORES, Fl. 33138	
TITLE	DIRECTOR.	☒ DELETE	5.1 TITLE	DIRECTOR.	☒ Change ☐ Addition
NAME	GISELA OTERO.		5.2 NAME	EDWAR W. KOZIAL.	
STREET ADDRESS	262. N.E. 93 rd ST.		5.3 STREET ADDRESS	10350 S.W. 64 ST.	
CITY-ST-ZIP	MIAMI, Fl. 33138		5.4 CITY-ST-ZIP	MIAMI, Fl. 33173	
TITLE		☐ DELETE	6.1 TITLE	DIRECTOR.	☒ Change ☐ Addition
NAME			6.2 NAME	LUIS SARDIÑA	
STREET ADDRESS			6.3 STREET ADDRESS	21605 S.W. 194 AVE.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	MIAMI, Fl. 33170.	

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.

SIGNATURE: X [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD W. KOZIAL.