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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K12470

(6)

JENNY'S DISCOUNT LIQUORS, CORP.

FILED									
Mar 03 1997 8:00am									
Secretary of State									



Suite, Apt. #, etc.  Suite, Apt. #, etc.  70  City & State  City & State  City & State  Country  Suite, Apt. #, etc.  5. Certificate of Status Desired  Fee Required  Fee	Principal Place 2800 NW 22ND MIAMI FL 33142	AVE	Mailing Address 2800 NW 22ND AVE MIAMI FL 33142-5984	2800 NW 22ND AVE								
Suite, April F. cir.    Suite, April F. cir.												
Suito, April #, 66   Suit		ace of Business	2a. Mailing Address								wi	
Secretary   Secr	21							65-0024489				
City   State     City   28	Suite, Apt	#, etc.	· · · · · · · · · · · · · · · · · · ·				5. Certificate of Status Desired					
Country   Zip   Country   Zip   Double   Replace		}	City & State					6. Election Campaign Financing		\$5.0	May Be	
Part	23			4 · · · · · · · · · · · · · · · ·				<del></del>				
LEAL, LEONIDES L. 11471 SW 5TH ST   MIAMIFE   33174   88   Street Address (P.O. Box Number is Not Acceptable)   89   Street Address (P.O. Box Number is Not Acceptable)   80   Street Address (P.O. Box Number is Numb	7ip 24	h			Florida Statutes X Yes No				в. 199.032,			
Second Control Contr		9. Name and Address of Currer	nt Registered Agent					10. Name and Address of New Re	pistered /	Agent		
NAME   FL 33174	LEAL	., LEONIDES L.			81	Name	:					
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 agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607 0505, Florida Statutes.    12.					82	Street	Addre	ess (P.O. Box Number is Not Acceptab	le)			
1.1. Pursuant to this reconsisters of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent from familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.   12	MIAN	AI FL 33174										
1.   Fusuary					B3							
1. Pressure to the previousnes of Sections 697 0502 and 697 1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. Larn familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.    SIGNATURE					84	City			FI	85 Zı	p Code	
SIGNATURE Signature agent, or both, and accept the objection of Decidence of Succion 607 00505, Florida Statutes.  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE LEAL, LEONIDES LEONEL 11471 SW 5TH ST MIAMI FL 11471 SW 5TH ST MIAMI	44 Durguard	in the provisions of Sections 607.0%	2 and 607 1508 Florida Statu	adt san	boye	-name	1 corno	oration submits this statement for the n		channing	its registered	
SIGNATURE    Signature   Sig	<ul> <li>office or re</li> </ul>	agistered agent, or both, in the State	of Florida. Such change was	authorize	d by	the co	rporation	on's board of directors. I hereby accep	the app	ointment a	as registered	
12		m familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Siai	tutes	š.						
13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE	Sing afters, two set or properly nance of prosistened agr	ent and little it applicable (NC	OTE: Registere	d Age	int signatu	re require	d when reinstating)	DATE			
RAME									ERS AND	DIRECT	ORS IN 12	
11471 SW 5TH ST	····································	PD	☐ DELETE	1.1 ]]	TLE			· · · · · · · · · · · · · · · · · · ·		☐ Change	e Addition	
THE   DS	NAME	LEAL, LEONIDES LEONEL		1.2 N	AME							
DS	STREET ADDRESS	11471 SW 5TH ST		1.3 \$	TREET	ADORESS						
NAME   STREET ADDRESS   CITY-ST-ZIP	CITY-ST-ZIP	MIAMI FL		1.4 C	ITY-S	T-ZIP						
11471 SW 5TH ST	FITLE		DELETE	2.1 Ti	TLE					Change	e 🔲 Addition	
MIAMI FL	NAME			2.2 N.	AME							
DELETE   STRIPE   Addition   Ad	STREET ADDRESS			2.3 S	TREET	ADDRESS						
NAME	CHY-\$1-70P	MIAMI FL		2.40	CITY-S	ST-ZIP						
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP	THE		☐ DELETE	3.1 Te	TLE		1			L. Change	e [_] Addition	
STREET ADDRESS   STRE	NAME			3.2 N	AME		1					
TITLE	STREET ADDRESS			3.3 S	TREET	ADDRESS						
NAME						ST-ZIP	<b>↓</b>			1 1 01	. Approx.	
A3 STREET ADDRESS   A4 CITY-ST-ZIP   A4 CITY-ST-ZIP     Intle			FT DEFELE							L Unang	s Monitiou	
C-TY-SY-ZIP												
TITLE	STREET ADDRESS											
NAME			T heitze			T-ZIP	+			Chang	a åddition	
STREET ADDRESS			⊢ nere it							I DIRIN	A FT VOOLOUII	
SACITY-ST-ZIP						400000	1					
TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY-S1-ZIF         6.4 CITY-S1-ZIP												
NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY-S1-ZIF         6.4 CITY-S1-ZIP			T DELETE			a - ZIP	+			Chann	e Addition	
STREET ADDRESS CITY-ST-ZIF 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	}									- John M.	- Em risposor	
CITY-ST-ZIF 6.4 CITY-ST-ZIP						100000						
				- 6								
	CITY-SI-ZIF	ay eartify that the information complis	ad with this filing does not sur				etatori	in Section 119 07(3)(i) Florida Statute	s I furthe	r certify th	at the	

information indicated on this annual upport of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the Lam an officer or director of the contration or the receive of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if pharties, or on an all achment with an address.

SIGNATURE:

GNATURE AND WIFEO OR PRINTED NAME OF EQUING OFFICER OR

2-26.97

Daytime Phone #