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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90068 008 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K19206

FALLS LIQUORS, INC.

Principal Place	e of Business		Ma	ailing Address							
8505 SW 136 S	\$T		850	05 SW 136 ST							
MIAMI FL 33156			MIAMI FL 33156				DO NOT WRITE IN THIS SPACE				
US			US	US				3. Date Incorporated or Qualifed			
								03/28/1988			
2. Principal Pl	lace of Busine	S	2a.	Mailing Address				4. FEI Number		Applied For]
21			26					65-0052322		Not Applicable	վ ։
Suite, Apt.	#, etc.			Suite, Apt. #, etc.				5. Certifcate of Status Desired		5 Additional	'
22			27							Required	4
City & State	t e			City & State				6. Election Campaign Financing		DO May Be	
23		0	28	7:-	C~:	untry		Trust Fund Contribution		ed to Fees	\dashv
Zíp	_	Country		Zip		ли у		This corporation owes the current year I Personal Property Tax.	ntangible Yes	K) No	
24	9 Name a	d Address of Cur	29	tored Ament	30	1		10. Name and Address of New Registere			\dashv
·	J. Name a	IU Address of Cul	reitt Kegis	tered Agent		81	Name	73. Haine and Addition of Hotel Registers			7
REY	ES, JAVIER										4
	5 SW 136 ST					82	Street Addr	ress (P.O. Box Number is Not Acceptable)	٠,.		1
MIAN	MI FL 33156					83			C. Carl	EL TITLE SIGN SIGN	1
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						84	City	F	L 85 2	Zip Code	
11. Pursuant	to the provision	ns of Sections 607.0	0502 and 60	07.1508, Florida Statu	ites, the a	bove	-named corp	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing	its registered	7
office or re	registered ager ım familiar with	t, or both, in the Sta	ate of Florid	ia. Such change was . Section 607.0505, Fl	authorized	d by 1	the corporation	ion's board of directors. I hereby accept the app	ointment a	s registered	
=	an rannoa ····	and doodpi me ou	nganaria in,		Origa Stat	uics.					
SIGNATURE		printed name of registered						ed when reinstating) , j.e., DATE		·	
=	Signature, typed or		agent and title it	f applicable. (NOT	E: Registered	d Agent		ADDITIONS/CHANGES TO OFFICERS			
SIGNATURE	Signature, typed or	printed name of registered OFFICERS	agent and title it	f applicable. (NOT	E: Registered	d Agent		172:	AND DIREC		
SIGNATURE	Signature, typed or PD LANKAU, F	OFFICERS RANCES	agent and title it	f applicable. (NOT	E: Registered	d Agent		ADDITIONS/CHANGES TO OFFICERS			-
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP