SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 25 AM 8:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **K48367** **(2)**

1. Corporation Name
EVEREST WINE IMPORT, INC.

Principal Place of Business	Mailing Address
8256 NW 68TH STREET SUITE 119 MIAMI FL 33166 US	~~8256 NW 68TH STREET~~ ~~SUITE 119~~ MIAMI FL ~~33166~~ US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1988
3a. Date of Last Report: 08/15/1994

2. Principal Place of Business
21: 6698 N.W. 25 St.
22: Suite, Apt. #, etc.
23: City & State: Miami Fla.
24: Zip: 33122
25: Country:

2a. Mailing Address
26: 2600 Douglas Rd.
27: Suite, Apt. #, etc.: 604
28: City & State: Coral Gables Fla.
29: Zip: 33134
30: Country:

4. FEI Number: 65-0085724
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BARRIOS, JULIO
9401 SW 4TH ST.
APT. 307
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name
82 (Street Address: P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

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: [illegible] Date

12. OFFICERS AND DIRECTORS		13.	
11 TITLE	PD	11 TITLE	☐ Change ☐ Addition
12 NAME	BARRIOS, JULIO	12 NAME	
13 STREET ADDRESS	9401 S.W. 4TH ST #307	13 STREET ADDRESS	
14 CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 CITY ST ZIP	
31 TITLE		31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I/We 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)(i), Florida Statutes. I further certify that the information indicated on this 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 above, or on an attachment with an address.

SIGNATURE: [signature] 7/18/95 (305) 442-2311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0057007 CP