

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

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra E. Mertham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

1995 AUG -2 AM 9:18

TALLAHASSEE, FLORIDA

**DOCUMENT # L24240 (8)**

1. Corporation Name  
**SPLASH LIQUORS, INC.**

Principal Place of Business Mailing Address  
**717 PONCE DE LEON BLVD SUITE 204 CORAL GABLES FL 33134-2063**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>10/19/1989</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-2982491</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>9115 S.W. GRAND CANAL DR.</b>	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>MIAMI FL</b>	City & State 28
Zip 24 <b>33174</b>	Country 25 <b>USA</b>
	Zip 29
	Country 30

9. Name and Address of Current Registered Agent <b>FELDMAN, ERIC B. 717 PONCE DE LEON BLVD SUITE 204 CORAL GABLES FL 33134</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<b>LUBIAN, LUIS</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME	
STREET ADDRESS <b>420 SW 133 CT</b>		1.3 STREET ADDRESS	
CITY - ST - ZIP <b>MIAMI FL</b>		1.4 CITY - ST - ZIP	
TITLE <b>D</b>	<b>LUBIAN, ESTHER</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS <b>420 SW 133 CT</b>		2.3 STREET ADDRESS	
CITY - ST - ZIP <b>MIAMI FL</b>		2.4 CITY - ST - ZIP	
TITLE <b>P</b>	<b>MOREJON, AURORA</b>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS <b>9115 S.W. GRAND CANAL DR</b>		3.3 STREET ADDRESS	
CITY - ST - ZIP <b>MIAMI FL</b>		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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)(k), 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: *Aurora Morejon* **7/26/95** **(305) 220-4458**  
DATE Day/Mo/Yr

CR2E034 (3/95)