SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # L31042 (9)

1. Corporation Name

PALMA CEIA SPIRITS, INC.

Principal Place of Business	Mailing Address
C/O JOSEPH L. DIAZ 1547 S. DALE MABRY TAMPA FL 33629	C/O JOSEPH L. DIAZ 1547 S. DALE MABRY TAMPA FL 33629

3. Date Incorporated or Qualified: 11/17/1989
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2978066 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 5701 Mariner	26 2522 W. Kennedy
22 Suite, Apt #, etc: Apt 705	27 Suite, Apt #, etc:
23 City & State: Tampa, Fl	28 City & State: Tampa, Fl
24 Zip: 33609 25 Country: USA	29 Zip: 33609 30 Country: USA

9. **Name and Address of Current Registered Agent**

RODRIGUEZ, JACK A.
1547 S. DALE MABRY
TAMPA FL 33629

10. **Name and Address of New Registered Agent**

81 Name: Joseph L. Diaz
82 Street Address (P.O. Box Number is Not Acceptable): 2522 W. Kennedy
83
84 City: Tampa FL 85 Zip Code: 33609

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] 6-24-96 DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	D	☐ DELETE
NAME	RODRIGUEZ, CARMEN E.	
STREET ADDRESS	1547 S DALE MABRY AVE.	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	VP	☐ DELETE
NAME	RODRIGUEZ, JACK	
STREET ADDRESS	1547 S. DALE MABRY	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jack Rodriguez 6/23/96 813 877 6388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jack Rodriguez

0106428 CP