

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
/ NO
FILED

95 MAY -1 AM 2:11

DOCUMENT # L41949

(3)

1. Corporation Name

RIVALL LIQUOR STORE INC.

RECEIVED
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

% EFRAIN RIVERA
184 NE 3RD AVE
MIAMI FL 33132

% EFRAIN RIVERA
184 NE 3RD AVE
MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

01/08/1990

04/29/1994

4. FEI Number

65-0166007

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 intangibles tax under § 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

25 Country

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIVERA, EFRAIN
1470 NE 123 ST
SUITE 902
MIAMI FL 33161

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 607.05(2) and 607.15(8), 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 607.05(2), Florida Statutes.

SIGNATURE

Signature of Agent or Director

Signature of Agent or Director

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

12.1 NAME	P RIVERA, EFRAIN
12.2 STREET ADDRESS	1470 NE 123 ST
12.3 CITY & STATE	N MIAMI FL
12.4 NAME	D ALLEY, CARL O
12.5 STREET ADDRESS	1470 NE 123 ST A 902
12.6 CITY & STATE	N MIAMI FL
12.7 NAME	
12.8 STREET ADDRESS	
12.9 CITY & STATE	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY & STATE	
12.13 NAME	
12.14 STREET ADDRESS	
12.15 CITY & STATE	

13.1 TITLE	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY & STATE	
13.5 TITLE	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY & STATE	
13.9 TITLE	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY & STATE	
13.13 TITLE	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. I am an officer or director of the corporation or the recorder or tax preparer for the corporation or the preparer of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carl O Alley

V.P.

4/17/95

357-8132