FILED Feb 04, 2002 8:00 am

DOCUMENT # M08226 1. Entity Name CRUZ'S LIQUORS CORPORATIONS						Secretary of State 02-04-2002 90040 037 ***150.00			
Principal Place of Business 1791 SW 67TH AVE MIAMI FL 33155 US			Mailing Address % RAMON CRUZ 1791 SW 67 AVE. MIAMI FL 33155-8829						
2. Principal Place of Business			3. Mailing Address			1 3 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I ULDLY BIBIL HAUAL I	istis offit ses	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State			City & State		4. F	El Number 59-2470024	⊢	oplied For of Applicable	
Zip	Country	y	Zip	Country	5. (Certificate of Status Desired	\$8.75 Add Fee Require		
	6. Name and Addr	ress of Current Req	gistered Agent		7. N	lame and Address of New Registere	d Agent		
COTO LA	UDA D			Name					
SOTO, LAURA R				Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
.*1791 S.W. 67 AVE MIAMI FL 33155									
• · ·				City	City FL Zip Code				
8. The above	named entity submits t	this statement for the	e ourpose of changing its	registered office or	registered ag	ent, or both, in the State of Florida.			
Tax filing i	Signature, typed or printed nan pration is eligible to sati requirement and elects ria on back)	sfy its Intangible	FILE NOW!	Registered Agent signature. If FEE IS \$150.0 If to Department	00 50.00	10. Election Campaign Financing Trust Fund Contribution.	\$5.0	0 May Be	
11.		OFFICERS AND DIF		12.		DITIONS/CHANGES TO OFFICERS AF	ID DIBECTOR:	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SOTTO, LAURA R 2270 S.W. 139TH A MIAMI FL		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7.0	BITIONS/GIJANGES TO OTT CENS AL	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	

indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SACTIONE DISCONDING OFFICER OR DIRECTOR

2002 UNIFORM BUSINESS REPORT (UBR)

Date

Daytime Phone #