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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M34701

AL'S LIQUOR, INC.

1

No.

(6)

Principal Place of Business Mailing Address

Mailing Address

Mailing Address

% Juana M. Arias 7271 N.W. 96TH 6T. Miami Fl 33168		% JUANA M. ARIAS 7271 N.W. 36TH ST. MIAMI FL 33166-6702						
						3. Date Incorporated or Qualified 07/03/1986	3a. Date of La 03/26/19	
2. Principal Pl	ace of Business	2a. Mailing Adda	ross			4. FEI Number		Applied For
21		26				59-2707784		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required		
City & State)	City & State				Etection Campaign Financing Trust Fund Contribution	· ·	.00 May Be ded to Fees
Zip 24	Country 25	7ip	}	Country 30		8. This corporation has liability for i	ntangible tax und	der s. 199.032,
	9. Name and Address of Cu			7		10. Name and Address of New Re		
ARIA	NS, JUANA M.			81	Name			·
	N.W. 36TH ST.			-				
MIAMI FL 33166			82 Street Add		ddress (P.O. Box Number is Not Acceptab	ole) 	~. ····	
				84	City		105	Zip Code
				04	C'ity		FL 85	2 17 COUG
office or re	to the provisions of Sections 607 agistered agent, or both, in the S in familiar with, and accept the o	State of Florida. Such char	ide was ai	uthorized by	the corpo	orporation submits this statement for the p rration's board of directors. I hereby accep	ourpose of chang of the appointmen	ing its registered nt as registered
SIGNATURE	Signature, typed or printed name of registere	d agent and title if applicable	(NOIL	flegislereo Age	nt s.o. atum re-	quired when reinstalling)	DATE	
						double minimized		
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12
	DPS	AND DIRECTORS		13. 1.1 ∏H€			CERS AND DIREC	
12. TITLE NAME	DPS ARIAS, JUANA M.							
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1 on nergy certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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 atlachment with an address.

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Jun SIGNATU VINCE OUTED

4/15/57

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Apr 21 1997 8:00am

Secretary of State