

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 28 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M48287 (0)**

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



Principal Place of Business <b>8354 WEST OAKLAND PARK BOULEVARD SUNRISE FL 33351 US</b>	Mailing Address <b>8354 WEST OAKLAND PARK BLVD SUNRISE FL 33351-7308 US</b>
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3. Date Incorporated or Qualified <b>03/13/1987</b>		3a. Date of Last Report <b>03/18/1996</b>	
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number <b>65-0001436</b>	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State 23	City & State <b>PEN BROKE PINES, FLA.</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip 24	Country 25	Zip <b>33024</b>	Country <b>U.S.A.</b>
29		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**RUDD, HARRY**  
**1508 NE 4TH AVE**  
**FT. LAUDERDALE FL 33304**

81 Name **RUDD HARRY**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1828 N. UNIV. DRIVE**  
83  
84 City **PEN BROKE PINES FL** 85 Zip Code **33024**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PSD</b>	<input type="checkbox"/> DELETE
NAME	<b>AIELLO, JAMES</b>	
STREET ADDRESS	<b>8354 WEST OAKLAND PARK BOULEVARD</b>	
CITY-ST-ZIP	<b>SUNRISE FL</b>	
TITLE	<b>VTD</b>	<input type="checkbox"/> DELETE
NAME	<b>RUDD, HARRY</b>	
STREET ADDRESS	<b>8354 WEST OAKLAND PARK BOULEVARD</b>	
CITY-ST-ZIP	<b>SUNRISE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SAME</b>
1.3 STREET ADDRESS	<b>1828 N. UNIV. DRIVE</b>
1.4 CITY-ST-ZIP	<b>PEN BROKE PINES, FLA. 33024</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SAME</b>
2.3 STREET ADDRESS	<b>1828 N. UNIV. DRIVE</b>
2.4 CITY-ST-ZIP	<b>PEN BROKE PINES, FLA. 33024</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby 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 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: HARRY RUDD HARRY RUDD 4-23-97 954-704-0290  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)