

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

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90016 048 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M54576**

1. Corporation Name.

**FLAGLER & 47TH AVE. LIQUORS & LOUNGE, INC.**



Principal Place of Business 4687 W. FLAGLER ST. MIAMI FL 33126 US	Mailing Address 4687 W. FLAGLER ST. MIAMI FL 33126 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/25/1987</b>	
4. FEI Number <b>65-0014330</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ROLANDO, GONZALEZ</b> <b>5741 W. FLAGLER ST</b> <b>MIAMI FL 33145</b>		10. Name and Address of New Registered Agent 81 Name <b>MARIANO SOLE, ESQ</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>782 NW 42nd AVENUE</b> 83 <b>Suite 340</b> 84 City <b>MIAMI</b> FL 85 Zip Code <b>33126</b>	
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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 *Mariano Sole* **MARIANO SOLE** DATE 4/14/99  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input checked="" type="checkbox"/> DELETE NAME <b>PTS</b> STREET ADDRESS <b>ROLANDO, GONZALEZ</b> CITY-ST-ZIP <b>5741 W. FLAGLER ST</b> <b>MIAMI FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE <b>PRESIDENT</b> 1.2 NAME <b>MARIA R. Gonzalez</b> 1.3 STREET ADDRESS <b>4687 WEST FLAGLER Street</b> 1.4 CITY-ST-ZIP <b>MIAMI, FL 33134</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input checked="" type="checkbox"/> DELETE NAME <b>DS</b> STREET ADDRESS <b>GONZALEZ, ROLANDO</b> CITY-ST-ZIP <b>1830 N.W. 7TH ST.</b> <b>MIAMI FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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, with all other like empowered.

SIGNATURE:

*Maria R. Gonzalez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/04/99  
Date

Daytime Phone #

CR2E034 (11/98)