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PROFIT
CORPORATION
ANNUAL REPORT

1997

CITY - S1 - ZiP

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M56572

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CALIFORNIA LIQUOR STORE, INC.

Principal Place of Business Mailing Address 9459 MILLER ROAD 9459 MILLER ROAD MIAMI FL 33165-6421 MIAMI FL 33165-6421 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996 07/31/1987 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2836528 26 Not Applicable Suite, Apt. #, etc. Suite Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 8. This corporation has hability for intangible tax under s. 199.032 Country Country Zio Yes 25 29 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GARCIA, BENIGNO A. 1811 SOUTHWEST 99TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33165** 83 84 City Zip Code 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) Signar as import or printed increasor regulated agent and title if applicable DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE GARCIA, BENIGNO A. NAME 1.2 NAME R2E034 1811 S.W. 99TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY - ST - ZIP CITY-ST ZIP STD DELETE Change Addition TITLE 2.1 TITLE GARCIA, VICTORIA NAME 2.2 NAME 1811 S.W. 99TH AVENUE 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL CHY-ST-ZIE 2.4 City - ST-ZIP DELETE Change Addition 31 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS CHTY - ST - ZVF 34. City-St-ZiP DELETE 41 TITLE Change Addition TILE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAMÉ STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CHT S" ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADORESS 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

FILED Jan 29 1997 8:00am Secretary of State