FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

1996

M59490 **DOCUMENT #**

(6)

CYRIL BLACKSTONE LIQUORS, INC.

OTHIC BLACKSTONE LIQU					
Principal Place of Business	Mailing Address				
2840 NE 25TH ST. FT. LAUDERDALE FL 33305	2840 NE 25TH ST. FT. LAUDERDALE FL 33305				
		3. Date Incorporated or Qualified 09/22/1987	3a. Date of Last Report 05/01/1995		
2. Principal Place of Business	2a. Mailing Address	4. £El Number		Applied For	
21	26	65-0004087		Not Applical	
Suite, Apt. #, etc.	Suite. Apt. #, etc	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State	City & State	6. Election Campaign Financing		\$5.00 May Be	

23		28			Trust Fund Contribution Added to Fees
Zip 24	Country 25	Ζψ 29	Country 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes XX Yes □ No
Name and Address of Current Registered Agent				10. Name and Address of New Fiegistered Agent	
(a)	RIN. IRA			81	
2840 NE 25TH ST.			82	Street Arkliness (P.O. Box Number is Not Acceptable)	
FT.	LAUDERDALE FL 33305			83	
				84	City 85 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. Thereby accept the appointment as recistered agent. Lam

familiar wit	th, and accept the obligations of, Section 60	7.0505, Florida Statutes		to or threetors. Thereby accept the appointment as registered agent, I am		
SIGNATURE .	Signating types or posted ounciloting stars hagest and the	after of a second	TE Hoge-hared Agent signature respires			
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	DELETE	1 1 TITLE	Change Addition		
NAME	GURIN, IRA		1.2 NAM5			
STREET ADDRESS	2840 NE 25TH ST.		1.3 STREET ADDRESS			
CITY - ST - ZIP	FT. LAUDERDALE FL		1.4 CITY - ST- ZIP			
TITLE	VP	DELETE	2 1 TITLE	☐ Change ☐ Addition		
NAME	GURIN, IRENE		2.2 NAME			
STREET ADDRESS	2840 NE 25TH STREET		2.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL		2.4 CHY-ST-ZIP			
TITLE		☐ DELETE	3 1 TITLE	Change Addition		
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY - ST. ZIP			
THILE		☐ DELETE	4 1 TITLE	☐ Change ☐ Addition		
NAME			4.2 NAME			
STREET ADDRESS			4.3 STHEFT ADDRESS			
CITY ST-ZIP			4.4 CiTY - ST - ZiP			
TITLE	****	☐ DELETE	5 1 TiTLE	Change Addition		
NAME			5.2 NAME	_ · 		
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP	<u></u>		5 4 CHTY - ST - ZIF			
TITLE		☐ DELETE	6 1 FIFLE	Change: Addition		
NAME			6.2 NAME	_ · · ·		
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - 7(2)			

14. Ido hereby certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes + 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 oats, 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 13 in changod, or on an attachment with suppordress

SIGNATURE: Ira Gurin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dautin + Ptrune #

Applied For Not Applicable