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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000034074 (3)

RUBEN'S LIQUOR, CORP.

Principal Place of Business

Mailing Address

1000 71ST ST MIAMI BEACH FL 33141

SIGNATURE:

1000 71ST ST

MIAMI BEACH FL 33141

## FILED Apr 27 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

1305-866597

3. Date Incorporated or Qualified

05/11/1993

Z. Falicipar Fie	ace or business	za. Mailing Address		4. FEI Number	Applied For
21		26		65-0422755	Not Applicable
Suite, Apt. #	V, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the co	urrent year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered	Agent
TRUJILLO, DOMINGO  CHANCE OF APPRESS  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)					
MIAMI CHOREC FL-83138.					
			63		
			84 City	VAMI FI	85 Zip Code 4
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.					
1		ations of, Section 607.0505, Fit	onda statutes.		
SIGNATURE =	Signative, typed or printed name of registered agr	nut and little Wanningable (NOT	£: Registered Agent signature in	ecuired when reinstaling) DATE	
12,		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	DP	DELETE	1.1 TITLE	7.001110/10/01010010 10 011.00/10/11	Change Addition
NAME	TRUJILLO, DOMINGO		1.2 NAME		
STREET ADDRESS	14016 S.W. 10TH STREET		1.3 STREET ADDRESS		
CITY+ST-ZIP	MIAMI FL 33184		1.4 CITY-ST-ZIP		
TITLE	STD	DELETE	2.1 TITLE		Change Addition
NAME	TRUJILLO, TERE		2.2 NAME		
STREET ADDRESS	14241 S.W. 23RD LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33178		2.4 CITY-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		
TITLE		DELETE	4.1 TITLE	***	Change Addition
NAME			4 2 NAME		İ
STREET ADDRESS			4.3 STREET ADDRESS		Į
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		· · · · · · · · · · · · · · · · · · ·	5.4 CITY-ST-ZIP		<u></u>
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
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.					

医滤孔 高级转换器电影 医焦