

DOCUMENT # P93000052596

1. Entity Name  
3797 LIQUORS, INC.

FILED  
May 24, 2000 8:00 am  
Secretary of State

05-24-2000 901 51 025 \*\*\*150.00

Principal Place of Business  
3797 NW 167 Street  
Miami, FL 33055

Mailing Address  
c/o Ingrid Beckles  
8211 NW 169 Terrace  
Miami, FL 33016

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
8081 Bermuda Point Lane  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
City & State  
Davie, FL

4. FEI Number  
65-0428045

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Zip Country Zip Country  
33328 USA

6. Name and Address of Current Registered Agent  
BECKLES INGRID  
8211 NW 169 Terrace  
Miami, FL 33016

7. Name and Address of New Registered Agent  
Name  
BILOTTI, MICHAEL  
Street Address (P.O. Box Number is Not Acceptable)  
8081 Bermuda Point Lane  
City Davie FL Zip Code 33328

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  DATE 4/29/00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BECKLES, INGRID 8211 NW 169 Terrace Miami, FL 33016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BILOTTI, MICHAEL 8081 Bermuda Point Lane Davie, FL 33328 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Michael Bilotti, Pres., 4/29/00 305-997-0567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)