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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000067912

1. Corporation Name

COLLINS LIQUOR STORE, INC.

900001478289
-05/08/95--01024--003
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2012 COLLINS AVE MIAMI BCH, FL 33139	2012 COLLINS AVE MIAMI BCH FL

3. Date Incorporated or Qualified: 9-29-93
3a. Date of Last Report:

2. Principal Place of Business — 21: Suite, Apt #, etc — 22: City & State — 23: Zip — 24: County — 25

2a. Mailing Address — 26: Suite, Apt #, etc — 27: City & State — 28: Zip — 29: County — 30

4. FEI Number: 65-0439327 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FELDMAN DAVID ESQ 1407 LINCOLN RD PH NE MIAMI BCH, FL 33139	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature typed or printed name of registered agent and title if applicable) (Signature of registered agent if changing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P	11 TITLE	☐ Change ☐ Addition
NAME	ZACUR ASSAD	12 NAME	
STREET ADDRESS	2012 COLLINS AVE	13 STREET ADDRESS	
CITY ST ZIP	MIAMI BCH, FL 33139	14 CITY ST ZIP	
TITLE	D/V/S	21 TITLE	☐ Change ☐ Addition
NAME	TAAZIEH FADI	22 NAME	
STREET ADDRESS	2012 COLLINS AVE	23 STREET ADDRESS	
CITY ST ZIP	MIAMI BCH FL 33139	24 CITY ST ZIP	
TITLE	D/V/T	31 TITLE	☐ Change ☐ Addition
NAME	ZACUR IBTIHAJ	32 NAME	
STREET ADDRESS	2012 COLLINS AVE	33 STREET ADDRESS	
CITY ST ZIP	MIAMI BCH FL 33139	34 CITY ST ZIP	
TITLE	D/V	41 TITLE	☐ Change ☐ Addition
NAME	TAAZIEH CAROLINE	42 NAME	
STREET ADDRESS	2012 COLLINS AVE	43 STREET ADDRESS	
CITY ST ZIP	MIAMI BCH, FL 33139	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	$87.50
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: ASSAD ZACUR 4/28/95

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