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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000070216 (5)

THE GRAND LIQUOR STORE, INC.

FILED

Jan 16 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address 1717 N BAYSHORE DR 1717 N BAYSHORE DR MIAMI FL 33132 MIAMI FL 33132 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/08/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0441131 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Country Zip Country Personal Property Tax due June 30. □ No 29 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ZAKAIB. NORMAN 1717 N BAYSHORE DR 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33132 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. 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 little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. U DELETE Change ☐ Addition TITLE 1.1 TITLE ZAKAIB, NORMAN 1.2 NAME NAME 1717 N. BAYSHORE DR #3151 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CATY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 2. 4 CITY - ST - ZIF DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TUILE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP ☐ DELETE ☐ Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

4. 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 on the receipt 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 administration of the receipt of trustee.

SIGNATURE:

FOID ED

(10/97 **CR2E034**