## 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 # P9400001360 (4)

Country

LIZ BEVERAGE DISCOUNT, INC.

Principal Place of Business
12989 WEST DIXIE HIGHWAY

2. Principal Place of Business

NORTH MIAMI FL 33161

Suite, Apt. #, etc.

City & State

SIGNATURE:

Zip

22

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

12989 WEST DIXIE HIGHWAY NORTH MIAMI FL 33161

## FILED Jan 23 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

01/06/1994

65-0207827

5. Certificate of Status Desired

6. Election Campaign Financing

1-8-98

Trust Fund Contribution

4. FEi Number

24	25	29	3	0			Personal Property Tax due Jun		Yes	☐ No
Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent										
MARTINEZ, RENE						Name				
1051 N.E. 142ND ST.					: 3	Street Address	s (P.O. Box Number is Not Accepta	ibio)		···
NORTH MIAMI FL.					Ί,	Sileer Addres	s (F.C. Box Number is Not Accepta	ible)		
THE THE WATER OF THE PARTY OF T					1					
				84						
						City		FL	85   Zip	Code
11. Pursuant	to the provisions	of Sections 607,0502 and 60	the above	e-n	amed corpora	ation submits this statement for the	numose of a	!   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 (NOTE. Registered Agent signature required when reinstating)  DATE										
12. OFFICERS AND DIRECTORS 13.						signature required i	ADDITIONS/CHANGES TO OFFI		DIRECTO	18S IN 12
TITLE	D	OTT TO ETTO THE DITTED	DELETE	1.1 TITLE			ADDITIONO, OF IARGED TO OFF	OLI IQ AI VD	Change	
NAME	MARTINEZ.	RENE ,		1,2 NAME				•		
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NAME	MARTINEZ, NEYSE		2.2 NAME				_	once igo	7,00,007	
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CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·		2.4 CITY - S	5!-4	ZIP		7	Change	Addition	
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	<b>■</b> ***									
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NAME				5.2 NAME						
STREET ADDRESS				5.3 STREET						
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TITLE			6.1 TITLE	1			Change	☐ Addition		
NAME				6.2 NAME						
STREET ADDRESS				63 STREET						1
CITY-ST-ZIP		The second of th	Pr f	6.4 CITY - S			140.07/0\(\text{0}\)			
14. Thereby 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 supplies entail 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, at 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 go an attachment with an address.										

Country