

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0046367

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

FILED

98 JUL 24 PM 1:10

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # P95000015462 (1)
 1. Corporation Name
LAST STOP LIQUORS, INC.

Principal Place of Business 20531 OLD CITLER RD MIAMI FL 33189	Mailing Address 18220 FRANJO RD MIAMI FL 33157
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 20531 OLD CITLER RD	2a. Mailing Address 26 18220 FRANJO RD
Suite, Apt. #, etc. 22 MIAMI, FLA	Suite, Apt. #, etc. 27
City & State 23 33189	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 02/24/1995	
4. FEI Number 65-0576543	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**ANGELICA ATKINSON, P.A.
 18030 S.W. 82ND AVE.
 MIAMI FL 33157**

10. Name and Address of New Registered Agent

81 Name ANGELICA ATKINSON, P.A.	
82 Street Address (P.O. Box Number is Not Acceptable) 14350 SW 232ND ST.	
83 MIAMI, FLA 33170	
84 City	85 Zip Code FL

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 *Angelica Atkinson* DATE **7/20/98**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINSON, ANGELICA	1.2 NAME	
STREET ADDRESS	% 2000 S. DIXIE HGHWAY #200	1.3 STREET ADDRESS	14350 SW 232 ST.
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	MIAMI, FLA 33170
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	000002601860--G
STREET ADDRESS		2.3 STREET ADDRESS	-07/29/98--01081--005
CITY-ST-ZIP		2.4 CITY-ST-ZIP	****150.00 ****150.00
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Angelica Atkinson* DATE: **7/20/98**

CR2E034 (5/98)

June 30, 1998

Florida Department Of State
Division Of Corporations
P.O. Box 6327
Tallahassee, Fla 32314

Attn: Division Of Corporation


Re: P95000015462 (1)
Last Stop, Liquors
20531 Old Cutler Road
Miami, Fla 33189

To Whom It May Concern:

I have enclosed another check for \$ 150.00 for the 1998 Profit Corporation Annual Report. I can not understand why you have not received the previous one when I sent it the same day I mailed the renewal of my liquor & tobacco license which was March 19, 1998. Enclosed you will find a copy of the renewal notice that I sent for the liquor & tobacco license. Also as soon as I found that the first Annual Report was not received I immediately called your office to let them know I did send the first one out, and they advised me to send another check along with this letter.

If you should have any questions, please feel free to call me immediately.

Sincerely,


Angie Atkinson
President