FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FILED Apr 17 1998 8:00am Secretary of State

MBWC		0020118 (2)			
Principal Pla	ce of Businoss	Mailing Address			THEIN GOVEY BYOCK NAMED YOU INCO
1450 N.E. 123RD ST. 1450 N.E. 123RD ST. NORTH MIAMI FL 33161 NORTH MIAMI FL 33161				DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualified	10 01 702
				03/13/1995	
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0567773	Not Applicable
Suite, Apl	t. #, etc.	Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ate	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25		10 T	Personal Property Tax due June 30.	☐ Yes ☐ No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Register	a Agent
SCHWARTZ, STANLEY J			TVanio		
1450 N.E. 123RD ST.			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
N	ORTH MIAMI FL 33161		83		
			"		
			84 City	F	85 Zip Code
11. Pursuan office or agent. I	t to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607.1508, Florida Statuter of Florida. Such change was a gations of, Section 607.0505, Flor	s, the above-named corp athorized by the corporati ida Statutes.	poration submits this statement for the purposition's board of directors. I hereby accept the a	e of changing its registered appointment as registered
SIGNATURE	Signature, typod or printed name of registered ag	ent and title if applicable (NOTE:	Registered Agent signature requir	red when reinstaling) DATI	E
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1.1 TIYLE		☐ Change ☐ Addition
NAME	SCHWARTZ, STANLEY J		1.2 NAME		
STREET ADDRESS	1450 N.E. 123RD ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI FL 33161		1.4 CITY - ST - ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	KATZ, HARDY C		2.2 NAME		
STREET ADDRESS	1		2 3 STREET ADORESS		
CITY-ST-ZIP	NORTH MIAMI FL 33161	T or err	2. 4 CITY-ST-ZIP	<u> </u>	Change Addition
TITLE	D NEITZED MOEL C	☐ DEL€TE	3.1 TITLE		Change Addition
NAME CERCEN ADDRESS	MELTZER, JOEL S 2500 S. DIXIE HWY.		3.2 NAME		
STREET ADDRESS	MIAMI FL 33133		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D D	DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME	GOODMAN, SHEILA		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133		4.4 CITY - ST - ZIP		
TIFLE	D	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KEIGHLEY, MICHAEL J		5.2 NAME		
STREET ADDRESS	16461 N.E. 26TH PLACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	1		6.2 NAME		į
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		MI ALCOHOL INC.	6.4 CITY-ST-ZIP	- 440 00000 Ft	are Al Tab. 1 7
indicated	certify that the information supplied video this annual report or supplement	vith this filing does not qualify for all annual report is true and accu	the exemption stated in rate and that my signatur	Section 119.07(3)(i), Florida Statutes. I further re shall have the same legal effect as if made	under oath: that I am an

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 changes, or on an attachment with an address.

GNATURE:

4/6/8/8