

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
May 23 1996 8:00 am  
Secretary of State

DOCUMENT # P95000063202 (2)

1. Corporation Name

LIQUID, INC.

Principal Place of Business

407 LINCOLN ROAD  
SUITE 5-B  
MIAMI BEACH FL 33139

Mailing Address

407 LINCOLN ROAD  
SUITE 5-B  
MIAMI BEACH FL 33139

2. Principal Place of Business

21 1439 Washington Ave

Suite, Apt. #, etc.

22 City & State

23 MIAMI BEACH FL

Zip

24 33139

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Same -

Zip

29

Country

30

3. Date Incorporated or Qualified

08/16/1995

3a. Date of Last Report

N/A

4. FEI Number

65-0602769

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

BRITO, LUIS G  
407 LINCOLN ROAD  
SUITE 5-B  
MIAMI BEACH FL 33139

Alan Doyle  
175 Fontainebleau Blvd.  
STE 1-B  
Miami FL 33172

10. Name and Address of New Registered Agent

81 Name

ALAN DOYLE

82 Street Address (P.O. Box Number is Not Acceptable)

175 FONTAINEBLEAU BLVD.

83

STE. 1-B

84 City

MIAMI

FL

85 Zip Code

33172

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, for use only when the registered agent and title is applicable.

ALAN DOYLE

(NOTE: Registered Agent signature required when reinstating)

5-20-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D  
NAME  
LUDWIGSEN, CHRISTIAN  
STREET ADDRESS  
407 LINCOLN ROAD #5B  
CITY-ST-ZIP  
MIAMI BEACH FL 33139

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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:

CHRIS Ludwigsen

CHRIS Ludwigsen

5-20-96

(305) 532-3609

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)