

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000071356

1. Corporation Name
CDC LIQUORS, INC.

| | |
|--|--|
| Principal Place of Business 5653-55 S.W. 8TH STREET MIAMI FL 33134 US | Mailing Address 5653-55 S.W. 8TH STREET MIAMI FL 33134 US |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. | 2a. Mailing Address 26 Suite, Apt. #, etc. |
| 22 City & State 23 | 27 City & State |
| 24 Zip 25 Country | 28 Zip 29 Country |

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90090 005 ***150.00

020009



DO NOT WRITE IN THIS SPACE

| | |
|---|-----------------------------------|
| 3. Date Incorporated or Qualified 09/15/1995 | |
| 4. FEI Number 65-0617467 | Applied For Not Applicable |
| 5. Certificate of Status Desired □ | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution □ | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. □ Yes ✓ No | |

| | | |
|---|---|-------------|
| 9. Name and Address of Current Registered Agent ROLLO, CARMAN 5653-55 S.W. 8TH STREET MIAMI FL 33134 | 81 Name | |
| | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | 83 | |
| | 84 City FL | 85 Zip Code |
| 10. Name and Address of New Registered Agent | | |

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | |
|--|--|--|--|
| 12. OFFICERS AND DIRECTORS | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROLLO, CARMAN 5653-55 S.W. 8TH STREET MIAMI FL | □ DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | □ Change □ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DROPKINS, MAY 5655 SW 8TH STREET MIAMI FL 33134 | □ DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | ✓ Change □ Addition DROPKIN, MAY |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | □ Change □ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | □ Change □ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | □ Change □ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | □ Change □ Addition |

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 in an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15, 1999 (305) 264-4551
Daytime Phone
after 3 PM

CR2E034 (11/98)