FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 21 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P95000074321 (7) R. & D. LIQUORS CORP. Principal Place of Business Mailing Address 4410 W. 16TH AVENUE, BAY 7 HIALEAH FL 33012-7101 4410 W. 16TH AVENUE, BAY 7 HIALEAH FL 33012-7101 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/25/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0612400 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box 22 27 Fee Required City & State City & State 6, Election Campaign Financing \$5,00 May Be 23 Trust Fund Contribution 28 Added to Fees 8. This corporation owes or has paid the current year Intangible Country Zip Country 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RODRIGUEZ, OMAR 4410 W. 16TH AVENUE, BAY 7 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33012-7101 83 Zip Code 11. Pursuant to the provisions of office or registered agent, or agent. I am familiar with, and Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered change was authorized by the corporation's board of directors. I hereby accept the appointment as registered 407.0505, Florida Statutes. SIGNATURE NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE RODRIGUEZ, OMAR NAME 1.2 NAME 4410 W. 16TH AVENUE, BAY 7 STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33012-7101 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 22 NAME 23 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

61 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 City - ST- ZIP

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 ennual report or supplied that 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. I further certify that the information indicated on this ennual 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 of the corporation or the receiver of the corporation of the corporation of the receiver of the corporation of the corp

Change

Addition

CR2E034 (10/97