FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBRA)**

SECRETARY OF STATE DIVISION OF CORPORATERS DOCUMENT # p95000074321 1. Entity Name 03 HAY 16 PM 3: 26 R & D LIQUORS CORP DO NOT WRITE IN THIS SPACE 000020256090 05/29/03--01068--022 **150.00 2. Principal Place of Business 3. Mailing Address 4410 W 16 AVE 14050 SW 84 ST Suite, Apt. #. etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0612400 HIALEAH MIAMI Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired **FLORIDA** USA FLORIDA USA Fee Required 7. Name and Address of Current Registered Agent CARLOS A. SANCHEZ DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 14050 SW 84 ST SUITE 106 City MIAMI 33183 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Larn familiar with, and accept January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS NAME LOPEZ, RICARDO STREET ADDRESS STREET ADDRESS 8250 SW 56 ST MIAMI FL 33155 CITY-ST-ZIP CITY-ST-ZIP mie THLE" **VST** MANE LOPEZ, ANDRES F STREET ADDRESS STREET ADDRESS 15142 SW 69 ST MIAMI, FL 33196 CHY ST-ZIP NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY - ST- ZIP CITY-ST-ZIP THE mE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. 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 report or supplemental report is true and adjurate 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 sustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowere

HitF"

NAME

CITY-ST-ZIP

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS:

SIGNATURE:

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02

Miami April 29, 2003

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Florida Division of Corporations Reinstatement Division

Ref: R & d Liquors, Corp P95000074321

Gentlemen/Madam:

When we were reviewing our records in the internet we find ourselves with a dissolute corporation. We called to the Florida Department of State and we be advised that our corporation was in dissolution stage due to the miss of form UBR for the past year. We did not received such form and the same had happen for this current year. We request the reinstatement of this corporation due to the fact that no form was received by us to fulfill your requirements.

Along with this letter, you will find a download UBR form for the year 2003. We request the reinstatement due to the facts mentioned above. Additional we request the acceptance of the UBR form for the year 2003

Sincerely,

Ricardo Lopez

President