FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000076478 (3)

1. Corporation Name

DE LUNA DISCOUNT BEVERAGE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
5790 MALONEY AVENUE KEY WEST FL 33040	5790 MALONEY AVENUE KEY WEST FL 33040

3. Date Incorporated or Qualified: 10/05/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26 3006 FLAGLER AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 KEY WEST, FLORIDA
Zip 24 / Country 25	Zip 29 33040 / Country 30

4. FEI Number: 65-0434256 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

PARKER, DEREK
815 PEACOCK PLAZA
KEY WEST FL 33030

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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	D ☐ DELETE	1.1 TITLE	D ☒ Change ☐ Addition
NAME	CREEL, ROXANNE	1.2 NAME	CREEL, ROXANNE
STREET ADDRESS	% 5790 MALONEY AVENUE	1.3 STREET ADDRESS	3006 FLAGLER AVENUE
CITY-ST-ZIP	W PALM BEACH FL 33040	1.4 CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D ☐ DELETE	2.1 TITLE	D ☒ Change ☐ Addition
NAME	CREEL, ROBERT	2.2 NAME	CREEL, ROBERT
STREET ADDRESS	% 5790 MALONEY AVENUE	2.3 STREET ADDRESS	3006 FLAGLER AVENUE
CITY-ST-ZIP	W PALM BEACH FL 33040	2.4 CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Roxanna L. Creel — 5-14-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)