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 # **P95000082362 (1)**

1. Corporation Name

PLANTATION LIQUORS AT JACARANDA, INC.

Principal Place of Business	Mailing Address
461 SW 63RD TERR PLANTATION FL 33317	461 SW 63RD TERR PLANTATION FL 33317

3. Date Incorporated or Qualified: **10/23/1995**
3a. Date of Last Report:

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: 65-0625971 ☐ 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

LECATES, WILLIAM B
415 SE 12TH ST
FT LAUDERDALE FL

10. Name and Address of New Registered Agent

81 Name: MARIA PULIDO
82 Street Address (P.O. Box Number is Not Acceptable): 8369 W. SUNRISE BOULEVARD
83:
84 City: PLANTATION FL 85 Zip Code: 33322

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: Maria J. Vasquez — MARIA PULIDO, VP — DATE: 4-30-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CULPEPPER, EDWARD H JR 461 SW 63RD TERR PLANTATION FL 33317 ☒ 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	☐ DELETE	2.1 TITLE 2.2 NAME: JUANA BLANCO 2.3 STREET ADDRESS: 5123 NW 106 AVE. 2.4 CITY-ST-ZIP: MIAMI, FL 33178	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE: VP 3.2 NAME: MARIA PULIDO 3.3 STREET ADDRESS: 8369 W. SUNRISE BLVD 3.4 CITY-ST-ZIP: PLANTATION, FL 33322	☐ 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 700001881467 -07/02/96--01066--006 ***225.00	☐ 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 05-01-96 8K	☐ Change ☐ Addition

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: Maria J. Vasquez — 4-30-96 — 954-452-4464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MARIA PULIDO, VP

CR2E034 (12/95)