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

**PROFIT CORPORATION** ANNUAL REPORT 2001



DOCUMENT # P95000092835

1. Corporation Name

TEQUILA CORPORATION

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

**FILED** May 18, 2001 8:00 am Secretary of State

05-18-2001 90011 034 \*\*\*150.00

					_ YAAA913					
Principal Place of Business Mailing Address							·			
10 W 38 Street #4 7098 Bonita Driver										
		7098 Bonita Driver					DO NOT WRITE IN THIS SPACE			
Hialeah, Fl 33012 Miami Beach,				F1133141			3. Date Incorporated or Qualified			
							12/04/95			
<b>⊢</b> .	Place of Business	2a. Maili	ng Address				4. FEI Number			Applied For
21		26	+				65-0619705			Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75	5 Additional	
22		27	<u> </u>				or opinion of childs begined	<u> </u>	Fee	Required
City & Star	te .	City & State				6. Election Campaign Financing		\$5.0	<b>0</b> May Be	
23 7in	000	[28]				Trust Fund Contribution			d to Fees	
Zip	Country Zip			Country 30			8. This corporation owes the curr	ent year Inta		<b></b>
24	25   29   3 9. Name and Address of Current Registered Agent			<u>)                                    </u>			Personal Property Tax.	31-4 <del>-</del>	∐Yes	□No
<del></del>	5. Name and Address of Current	vedizieled	Wåaur	81	1 1	Name	10. Name and Address of New F	registered A	Agent	
OUTRO	Z, FRANCISCO J.				Ί.					
10WW 38 Street #14			82	82 Street Address (P.O. Box Number is Not Acceptable)						
Hialeah, Fl 330121			83	83						
	Jun, 11 330 (2)									
				84	4	City	•••	FL	85 Zip	p 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 re-									ts registered	
<ul> <li>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.</li> </ul>										
SIGNATURE 04/17/2001										
						gnature required wi		DATE		
12.	OFFICERS AND	DIRECTOR		13.			ADDITIONS/CHANGES TO OF	FICERS ANI	DIRECT	ORS IN 12
TITLE	PD		☐ DELETE	1.1 TITLE					Change	Addition
NAME	QUIROZ, FRANCISC			1.2 NAME						ľ
STREET ADDRESS	10 W 38 Street-#	14		1.3 STREE	T ADI	ORES\$				
CITY-ST-ZIP	<u> Hialeah, Fl 3301</u>	2		1.4 CITY-5	T-ZI	P				
TITLE	SD		☐ DELETE	2.1 TITLE					☐ Change	Addition
NAME .	QUIROZ, GUILLERM	O JR.		2.2 NAME						
STREET ADDRESS	1320 Miller Driv			2.3 STREE	TADI	ORESS				
CITY-ST-ZIP	Los Angeles, CA	90069	D. 0.00	2. 4 CITY-5	ST-ZI	JP .				
TITLE	TD		☐ DELETE	3.1 TITLE		- 1			☐ Change	Addition
NAME	QUIROZ, GUILLERM	0		3.2 NAME						ļ
STREET ADDRESS	1320 Miller Drive	e #2		3.3 STREE						ì
C/TY-ST-ZIP	Los Angeles, CA	90069.	Florier	3.4. CITY-8	ST-ZI	IP				
TITLE NAME	D		☐ DELETE	4.1 TITLE					☐ Change	Addition
STREET ADDRESS	QUIROZ, JUAN MANI 1320 Miller Drive	UEL		4. 2 NAME						
	1320 Miller Drive	e #2		4.3 STREET						
TITLE	Los Angeles, CA	90069	DELETE	4.4 CITY-S 5.1 TITLE	T-ZIP	<del>*  </del>			☐ Change	Addition
NÀME	VP			5.2 NAME					☐ Change	☐ Addition
STREET ADDRESS	PEREZ, RICARDO 1320 Miller Drive	a #a		5.3 STREET	TADO	ORESS				
CITY-ST-ZIP	Los Angeles, CA	= <i>π∆</i> 90069		5.4 CITY-S						į
TITLE	CA	20003	DELETE	6.1 TITLE			**		Change	Addition
NAME				.6.2 NAME_					ondinge	
STREET ADDRESS				6.3 STREET	ΓADO	ORESS			<del></del> -	
CITY-ST-ZIP				6.4 CITY-ST	T- ZIP	,				ļ
	artify that the information complied with t	hic filing dos	a not qualify for the				440.07/2\/C\ ElidOt :			

I hereby certify that the information supplied with this filling 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 shell 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 that the information and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

04/17/2001 (305) 868-5365