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PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000066801

SABAL	PALM DISCOUNT LIQUORS,	CORP.							
Principal Plac	ce of Business	Mailing Address	••		-	TOTOR BUTTER BOOKS BOKEN AREAST	ranta enua enua Hal		
Principal Place of Business Mailing Address 7095 W. 4TH AVE. HIALEAH FL 33012 HIALEAH FL 33012			•		DO NOT WRITE IN THIS SPACE				
	* .,				3. Date incorporate 08/12/1996	ed or Qualifed			
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		<u> </u>	pplied For	٠,
21		26			65-0685433			lot Applicable	3
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.						Additional	٠.
22		27			5. Certificate of State	tus Desired		equired	
City & Sta	te	City & State			6. Election Campai Trust Fund Cont	7 6 7 1 1		May Be to Fees	-
Zip	Country 25	Zip 30	Country			owes the current year		□No	
	9. Name and Address of Current I				<u> </u>	ress of New Register			
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MOI	RALES, JOSE A	. (1°,\$\f\.	-		(5.0.5)				
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		Notes to the second	84	City		F	-L '	Code	
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligatio	ns of, Section 607.0505, Florida	he above rized by t Statutes.	e-named corpo the corporation	•		e of changing it		
11. Pursuant office or agent. I a	am ramiliar with, and accept the obligation Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Regi	he above rized by t Statutes.	e-named corpo	d when reinstating)	DATE	e of changing it	s registered egistered	íac
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14. I hereby certify that the information supplied with this tiling 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 shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the report set the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on arrespictment with an address, with all other like empowered.

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90009 003 ***150.00