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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90051 038 ***150.00

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1. Corporation Name

SUPERIOR BEVERAGE DISCOUNT & DOLLAR STORE, INC.

		AA-TiAdd		
Principal Place		Mailing Address		
9733 NW 27 AV N MIAMI FL 331 US		3010 NW 101ST MIAMI FL 33147 US		DO NOT WRITE IN THIS SPACE
00		00		3. Date Incorporated or Qualifed
				10/28/1996
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0708906 Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired Fee Required
City & State	е	City & State		6. Election Campaign Financing Trust Fund Contribution S 5.00 May Be Added to Fees
Zip 24	Country 25	Zip 34	Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
-	9. Name and Address of Curre			10. Name and Address of New Registered Agent
			81 Name	OMINGO A. BEIMUCEZ
	ez, aida			
	NW 101 ST.		60	Address (P.O. Box Number is Not Acceptable)
MAIM	M FL 33147		83	
			84 City	85 -Zio Code / / /
			1 au	Cevei FL " 331974
11: < Pursuant	to the provisions of Sections 607.05	02 and 607-1508, Florida Statutos	the above-named	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. I a	egistered seen, or both, in the State or farcitar with, and accept the oblig	ations of, Section 607.0505, Florid	a Statutes.	1-100
SIGNATURE	(SHAN)/			5/27/44
	Signature, typed a photed name of registered ag		agistered Agent signature r	required when reinstating) /OATE / ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PD OFFICERS A	ND DIRECTORS	13.	Addition
TITLE	LOPEZ, AIDA	C. Occere	1.2 NAME	Doningo A. BERLUGEZ Addition
NAME	3010"NW 101 ST.		1.3 STREET ADDRESS	(ODD 8.0), 85+
STREET ADDRESS	MIAMI FL 33147		1.4 CITY-ST-ZIP	101 # C302 minus Pl 33144
CITY-ST-ZIP TITLE	WILMONI FL 33 147	DELETE	2.1 TITLE	Change Addition
NAME		_	2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
			2. 4 CITY-ST-ZIP	
CITY-ST-ZIP TITLE		☐ OELETE	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	L		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 14. I hereby 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 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 combration 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 18 in Chapter 607 and attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CR2E034 (11/98)