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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000093169 (6)

T & B LIQUORS, INC.

Principal Place of Business

Mailing Address

FILED May 08 1998 8:00am Secretary of State



980 WEST STATE ROAD 494 LONGWOOD FL \$2750-5104					960 WEST STATE ROAD 434 LONGWOOD FL 32750-5104						DO NOT WRIT	E IN THIS S	PACE			
										;	 Date Incorporated or Qualified 11/06/1996 	·				
2.	Principal P	lace of Busin	iess		2a. Mailing Address					- 1	4. FEI Number			Ap.	olied For	
21	·				26						59-3410772			No	Applicable	
	Sulte, Apt. #, etc.				Suite, Apl. #, etc.								\$8.	75 A	dditional	
22	12				27						5. Certificate of Status Desired		F	eA ea	quired	
23	City & State	tale			City & State					Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees			
24	Zip		Country 25		Zip 29					1	8. This corporation owes or has paid the current year Inlangible Personal Properly Tax due June 30.					
9. Name and Address of Current Registered Agent										1	0. Name and Address of New R	egistered A	gent			
MARTINEZ, SIXTO SR.								81	Name	e						
2742 ROLLING BROOK DRIVE ORLANDO FL 32837								82	Stree	t Address	ess (P.O. Box Number is Not Acceptable)					
CHEMINO I E GEODI								83							-	
								84	City			FL	85	Zip C	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															registered registered	
	J. 1. 1. 1. C. 1.	Signature, typed	or printed name of is	g stered a jent an	d Mic if applicabl	e (NC		d Ago	nt signatu	ure required wt	hon reinstating)	DATE				
12.			OFLIG	CERS AND D			13.			-γ	ADDITIONS/CHANGES TO OFF		_			
TITL		D				☐ DELETE	1.1 ĭ						Ch	ange	Addition	
NAA			EZ, SIXTO SF				1.2 N									
	STREET ADDRESS 2742 ROLLING BROOK DRIV			IK DHIVE					ADDRESS	8						
	r-st-zip		JU FL 32837			DOLLETE.		ITY-S	T-ZIP				☐ Ch	****	Addition	
TITE		D MARDTINI	ET DIOMICIA			☐ DELET E	2.1 7						UI	ange		
NAN	ASIA DOLLARO BRACIL BRACE							2.2 NAME								
	ODI ANDO EL COCOT			N DUIAE				2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP		5						
CITY	(-ST-ZIP	D	N FL SESSI			DELETE	2. 4 t		ST-ZIP				☐ Ch	anne	Addition	
		CAEZ, E	MI I A				3.1 1					'	····	-11g0		
	NAME CAEZ, BILLY STREET ADDRESS 2921 BIRMINGHAM BOULEVAR			NOUI EVARO					ADDRESS	<u>,</u>						
CITY-ST-ZIP ORLANDO FL 32829								ADDNESS S1-ZIP	´							
TITL		D				DELETE	4.1 7	_	31-211			· · · · · · · · · · · · · · · · · · ·	Ch	ange	Addition	
NAN	_	CAEZ, L	ILLIAN					NAME						•	.— .	
STREET ADDRESS 2921 BIRMINGHAM BOULEVAN			OULEVARD					ADDRESS	<u>,</u>							
CITY-ST-ZIP ORLANDO FL 32829				4.4 C												
TITL						DELETE	5.1 1			 			Ch	ange	Addition	
NAM							5.2 h									
	EET ADDRESS								ADDRESS	3						
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NAA	AE .						6.2 N	IAME								
	EET ADORESS						6.3 5	TREET	ADDRESS	3						
	r-ST-ZIP						6.4 0	HTY-S	1 - ZIP							

Thereby 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 immual 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.