

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
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90032 003 ***150.00

DOCUMENT # P97000054945

1. Corporation Name

CENTURY WINE & LIQUORS CORPORATION

Principal Place of Business

CORAL PARK SHOPPING CENTER
9800 SW 8TH ST., SPACE # 14
MIAMI FL 33174

Mailing Address

CORAL PARK SHOPPING CENTER
9800 SW 8TH ST., SPACE # 14
MIAMI FL 33174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1997

4. FEI Number

65-0767742

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 11425 SW 40 ST

Suite, Apt. #, etc.

22 Miami FL

City & State

23 33165 USA

Zip

Country

25

2a. Mailing Address

26 11425 SW 40 ST

Suite, Apt. #, etc.

27 Miami FL

City & State

28 33165 U.S.A.

Zip

Country

30

9. Name and Address of Current Registered Agent

RATON, LUIS
CORAL PARK SHOPPING CENTER
9800 SW 8TH ST., SPACE # 14
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip 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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

LUIS RATON

3/1/99

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME RATON, LUIS
STREET ADDRESS 9800 SW 8TH ST., SPACE #14
CITY-ST-ZIP MIAMI FL 33174

TITLE DV ☒ DELETE

NAME RATON, LOUIS
STREET ADDRESS 9800 SW 8TH ST., SPACE #14
CITY-ST-ZIP MIAMI FL 33174

TITLE DST ☐ DELETE

NAME RATON, MIRIAM
STREET ADDRESS 9800 SW 8TH ST., SPACE #14
CITY-ST-ZIP MIAMI FL 33174

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME DP RATON Luis
1.3 STREET ADDRESS 11425 SW 40 ST.
1.4 CITY-ST-ZIP Miami - FL 33165

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME DST RATON MIRIAM
3.3 STREET ADDRESS 11425 SW 40 ST
3.4 CITY-ST-ZIP Miami FL 33165

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/99 305-220 9081

CR2E034 (11/98)