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FILED

Jun 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham,  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000077098 (6)

1. Corporation Name

FLAMINGO LIQUORS, INC.



Principal Place of Business

Mailing Address

43 SIDONIA AVE  
SUITE 1  
CORAL GABLES FL 33134

43 SIDONIA AVE  
SUITE 1  
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 12117 Pembroke Road

Suite, Apt. #, etc.

22 Pembroke Pines, FL

23 Pembroke Pines, FL

24 33025

25 Broward

26 12117 Pembroke Road

27 Suite, Apt. #, etc.

28 Pembroke Pines, FL

29 33025

30 Broward

31 Name

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

33 City

34 State

35 Zip Code

36 Date

37 Signature

38 Title

39 Signature

40 Title

41 Signature

42 Title

43 Signature

44 Title

45 Signature

46 Title

47 Signature

48 Title

49 Signature

50 Title

51 Signature

52 Title

53 Signature

54 Title

55 Signature

3. Date Incorporated or Qualified

09/05/1997

4. FEI Number

65-0789221

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

7. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

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

83 City

84 State

85 Zip Code

86 Date

87 Signature

88 Title

89 Signature

90 Title

91 Signature

92 Title

93 Signature

94 Title

95 Signature

96 Title

97 Signature

98 Title

99 Signature

100 Title

101 Signature

102 Title

103 Signature

104 Title

105 Signature

106 Title

107 Signature

108 Title

109 Signature

110 Title

111 Signature

112 Title

113 Signature

114 Title

115 Signature

116 Title

117 Signature

118 Title

119 Signature

120 Title

121 Signature

122 Title

123 Signature

124 Title

125 Signature

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 of person or persons of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-ST-ZIP

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY-ST-ZIP

8.5 TITLE

8.6 NAME

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.

CR2E034 (10/97)