

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P97000098379**

Corporation Name

**WIKOL'S LIQUOR, INC.**

Principal Place of Business

**30 NW 11TH CT.  
MI FL 33168**

Mailing Address

**14330 NW 11TH CT.  
MIAMI FL 33168**

**FILED**  
**Sep 07, 1999 8:00 am**  
**Secretary of State**

09-07-1999 90005 033 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
30 NW 11TH CT.		14330 NW 11TH CT.		11/17/1997	
MI FL 33168		MIAMI FL 33168		4. FEI Number	
				65-0794616	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
				Not Applicable	
City & State		City & State		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
25		29		Trust Fund Contribution	
Country		Country		<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year	
				Intangible Personal Property.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANCHEZ, ARMANDO  
14330 NW 11TH CT.  
MIAMI FL 33168**

81 Name

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

83

84 City

**FL**

85 Zip Code

Pursuant to the provisions of sections 607.0502 and 607.1509 of the Florida Statutes, I am familiar with, and accept the obligations of, the office or registered agent, or both, in the State of Florida.

I hereby accept the appointment as registered agent for the purpose of changing its registered agent.

SIGNATURE  
Signature, typed or printed name of registered agent and title if a...

OFFICERS AND DIRECTORS

P	SANCHEZ, ARMANDO
ST-ADDRESS	14330 NW 11TH CT
ST-ZIP	MIAMI FL 33168
ST-ADDRESS	
ST-ZIP	
ST-ADDRESS	
ST-ZIP	
ST-ADDRESS	
ST-ZIP	
ST-ADDRESS	
ST-ZIP	

*Never received  
original in  
mail  
Please accept  
150 as  
renewal amt.*

DATE  
CHANGES TO OFFICERS AND DIRECTORS IN 12  
☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ DELETE

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

☐ Change ☐ Addition

☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)