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).

Mailing Address

5 SW 55TH AVE

MIAMI*FL=33134

US

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000104330

Principal Place of Business

5 SW 55TH AVE MIAMI FL 33134

US

GO JUACO LIQUORS INC.

DO NOT WRITE IN THIS S	PACE
Date Incorporated or Qualified 12/11/1997	
FEI Number	Applied For
65 - 0806154	Not Applicable
Certificate of Status Desired	\$8.75 Additional Fee Required
Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
This corporation owes the current year Intangible Personal Property.	Yes 🖟 No
Name and Address of New Registered Ag	gent
3 CV MATIA C 3. Box Number is Not Acceptable)	
7 S.W. 3300 A	

FILED

Jul 13, 1999 8:00 am

Secretary of State

07-13-1999 90012 015 ***550.00

2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. 22 27 City & State City & State 6. 23 28 Zip Country Zip Country 8. 24 25 29 30 9. Name and Address of Current Registered Agent 10. -LOPEZ, GRISELL E 82 Street Address -3161 S.W. 139TH AVE-_MIAMI-FL-33175-83 84 City 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. 07-08-99 DATE red agent and title if applicable SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or CR2E034 (5/99) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. 1.1 TITLE TITLE Change Addition ___ DELETE LOPEZ, GRISELL E 1.2 NAME NAME 3161 S.W. 139TH AVE 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33175** 1.4 CITY-ST-ZIP CITY-ST-ZIP VD 21 TITLE Addition TITLE DELETE ___ Change ROGER, MARIA C 2.2 NAME NAME 2857 S.W. 33RD AVE. 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33133** 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP 4.1 TITLE TITLE DELETE --L Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE Change Addition 5.2 NAME NAME 5.3 STREET ADDRESS 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 6.4 CITY-ST-ZIP

3.

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.

SIGNATURE: MUN'O

Daytime Phone #