

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

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90070 019 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P98000033418**

1. Corporation Name  
**3 DIMENTIONS SPIRITS INC.**

Principal Place of Business Mailing Address  
 11360 SW 184 ST 11360 SW 184 ST  
 MIAMI FL 33177 MIAMI FL 33177



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/31/1998**

4. FEI Number

**65-0845039**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing

**\$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 **11360 SW 184 street**

2a. Mailing Address

26 **same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **Miami FL**

27 City & State

28 Zip Country

24 **33157** 25 **USA**

29 Zip Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ACOSTA, RAFAEL**  
**15272 SW 172 TERR**  
**MIAMI FL 33187**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS  DELETE

NAME **ACOSTA, RAFAEL M**

STREET ADDRESS **11360 SW 184 ST**

CITY-ST-ZIP **MIAMI FL 33177**

TITLE T  DELETE

NAME **PACLOT, ELIZABETH**

STREET ADDRESS **11360 SW 184 ST**

CITY-ST-ZIP **MIAMI FL 33177**

TITLE  DELETE

NAME  DELETE

STREET ADDRESS  DELETE

CITY-ST-ZIP  DELETE

TITLE  DELETE

NAME  DELETE

STREET ADDRESS  DELETE

CITY-ST-ZIP  DELETE

TITLE  DELETE

NAME  DELETE

STREET ADDRESS  DELETE

CITY-ST-ZIP  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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: *Rafael M Acosta*

1/25/99

(305) 238-4886

CR2E034 (11/98)