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May 17, 1999 8:00 am
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05-17-1999 90043 015 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999

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

DOCUMENT # P98000094695

1. Corporation Name

RIVERLAND LIQUORS, INC.

[redacted]

Principal Place of Business	Mailing Address
2611 Davie Blvd. Ft. lauderdale, FL 33312	13170 NW 11 Dr. Sunrise, FL 33323

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Street Address, Apt. #, etc.
22 City State
23 Zip Country
24 25

2a. Mailing Address
26 13170 NW 11 Dr.
Suite, Apt. #, etc.
27
City & State
28 Sunrise, FL
Zip Country
29 33323 30 USA

3. Date Incorporated or Qualified: November 9, 1998

4. FEI Number: 65-0874142 ☐ 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

9. Name and Address of Current Registered Agent

Rosa M. Perez
13170 NW 11 Dr.
Sunrise, FL 33323

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 title if applicable) (FOR Registered Agent Signature required when changed above) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/S/D	☐ DELETE	11 TITLE ☐ Change ☐ Addition
NAME	Rosa M. Perez		12 NAME
STREET ADDRESS	13170 NW 11 Dr.		13 STREET ADDRESS
CITY-ST-ZIP	Sunrise, FL 33323		14 CITY-ST-ZIP
TITLE	T/D	☐ DELETE	21 TITLE ☐ Change ☐ Addition
NAME	Francisco Perez		22 NAME
STREET ADDRESS	13170 NW 11 Dr.		23 STREET ADDRESS
CITY-ST-ZIP	Sunrise, FL 33323		24 CITY-ST-ZIP
TITLE	VP/D	☐ DELETE	31 TITLE ☐ Change ☐ Addition
NAME	Maria Lopez		32 NAME
STREET ADDRESS	2020 SW 28 Ave.		33 STREET ADDRESS
CITY-ST-ZIP	Ft. Lauderdale, FL 33312		34 CITY-ST-ZIP
TITLE		☐ DELETE	41 TITLE ☐ Change ☐ Addition
NAME			42 NAME
STREET ADDRESS			43 STREET ADDRESS
CITY-ST-ZIP			44 CITY-ST-ZIP
TITLE		☐ DELETE	51 TITLE ☐ Change ☐ Addition
NAME			52 NAME
STREET ADDRESS			53 STREET ADDRESS
CITY-ST-ZIP			54 CITY-ST-ZIP
TITLE		☐ DELETE	61 TITLE ☐ Change ☐ Addition
NAME			62 NAME
STREET ADDRESS			63 STREET ADDRESS
CITY-ST-ZIP			64 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: Rosa M. Perez ROSA M. PEREZ 4/29/99 (954)851-0829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #