1999 ·

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90114 029 ***150.00

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DOCUMENT # P98000107928 1. Corporation Name 1. Corporation Name			
BEST TIME WINES & GOURMET, I	NC.		
Principal Place of Business	Mailing Address		. I 1881/1881 til 1946 1917 detti gerin gelet tiefn ann i nedia terie nedi det
4771 SW 8TH STREET	4771 SW 8TH STREET		
CORAL GABLES FL 33134	CORAL GABLES FL 33134		DO NOT WRITE IN THIS SPACE
		•	3. Date incorporated or Qualifed
	. •		12/30/1998
2. Principal Place of Business	Za. Mailing Address		A FEI Number Applied For
21	26		65-0889647. Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22	27		Fee Kequired
City & State	City & State		6. Election Campaign Financing \$5.00 May 8e
23	28	Country	11001 1 0112 1 0112 1 0112
Zip Country	Zip ·	- · · · · ·	8. This corporation owes the current year Intengible Personal Property Tax.
25 9. Name and Address of Curr	29 30	<u> </u>	10. Name and Address of New Registered Agent
9. Name and Abbress of Curr	ent regustered regent	81 Name	
Douriez, Philippe			
4771 SW 8TH STREET		82 Street Adds	ress (P.O. Bax Number is Not Acceptable)
CORAL GABLES FL 33134		83	
			85 Zip Code
		84 City	FL - -
11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent, i am familiar with, and acceptable obli-	502 and 607.1508, Florida Statutes, te of Florida. Such change was auti- valions of Section 607.0505, Florid	the above-named corporate a Statutes.	oristion submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
1 5311 A	00		J.4-99
SIGNATURE Signature, typed or printed remp of righter of		egistered Agent signature require	id when reinstiting) OATE 6
12. QFF CEBS	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE I	□ DELETE	1.1 TITLE	
NAME Philippe Douriez		S 1".	Philippe Douriez
STREET ADDRESS 4771 5W 8 5)T .	1,3 STREET ADDRESS	1771 9W 8 ST F 33134
correct cortal coulds	123139	14 CITY-ST-ZIP	Change Addition
TILE	☐ DELETE	21 TITLE	
NAME		22 NAME	j
STREET ADDRESS		2.3 STREET ADDRESS	·
CITY-ST-ZP-	DELETE.	2.4 City-St-Zip	Change _ Addition
_TTLE	. [],0504,14.	3.7 NAME	
NAME STREET		3.3 STREET ADDRESS	
STREET ADDRESS		3.5 STREET ADDRESS	
TITLE	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
		A STREET ADDRESS	

CITY ST-ZIP 14. I hareby 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 suppliemental 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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

SITTLE 5.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE

NAME

SINVUE REQUIRED

☐ DELETE

DELETE

☐ Change

Change

☐ Addition

Addition