FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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94 JUL 12 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name:
21 LIQUORS INC.

DOCUMENT #
S03424 (6)

Mailing Address
306 W 21ST ST
HIALEAH FL 33010

Principal Place of Business
306 W 21ST ST
HIALEAH FL 33010

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/27/1990**
3a. Date of Last Report: **04/21/1993**

2. Mailing Address (21)
2a. Principal Place of Business (26)
4. FEI Number: **65-0225160** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired: $8.75 Additional Fee Required ☐
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

City & State (23)
City & State (28)
7. Nonprofit Exempt from §138.75 Supplemental Fee ☐

Zip (24) Country (25)
Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BARRIGA, MARGARITA
16810 NW 122ND AVE
HIALEAH FL 33016

10. Name and Address of New Registered Agent

81 Name: Guillermo Garcia
82 Street Address (P.O. Box Number is Not Acceptable): 306 W 21 ST
83
84 City: HIALEAH FL 85 Zip Code: 33010

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: 7-6-94
Registered Agent's Signature for Appointment (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D/P	11 TITLE	D/P
12 NAME	BARRIGA, MARGARITA	12 NAME	Guillermo Garcia
13 STREET ADDRESS	16810 NW 122ND AVE	13 STREET ADDRESS	631 E 35 ST.
14 CITY-ST-ZIP	HIALEAH FL	14 CITY-ST-ZIP	Hialeah FL 33013
21 TITLE	S/T	21 TITLE	S/T.
22 NAME	BARRIGA, MARGARITA	22 NAME	Guillermo Garcia
23 STREET ADDRESS	16810 NW 122ND AVE	23 STREET ADDRESS	631 E 35 ST.
24 CITY ST ZIP	HIALEAH FL	24 CITY ST ZIP	Hialeah FL 33013
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	SD
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I understand that Division of Corporations may notify me of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 1, 2 or Block 13 with my signature and with an address.

SIGNATURE: Guillermo Garcia — 7-6-94 — 305-885-4465
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #