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FILED
May 21 1997 8:00am
Secretary of State



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

PROFIT CORPORATION
ANNUAL REPORT
1997

DOCUMENT # S27630 (0)

1. Corporation Name
BOULEVARD LIQUORS, INC.



Principal Place of Business Mailing Address
3001 BISCAYNE BLVD 3001 BISCAYNE BLVD
MIAMI FL 33137-4123 MIAMI FL 33137-4123

3. Date Incorporated or Qualified 01/28/1991
3a. Date of Last Report 02/23/1996

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

4. FEI Number 65-0434663 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
WEINBERG, MARTHA H.
3001 BISCAYNE BLVD
MIAMI FL 33137-4123

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	PD	1.1 TITLE	VP
NAME	WEINBERG, MARTHA H.	1.2 NAME	SHIMON MALKA
STREET ADDRESS	3001 BISCAYNE BLVD	1.3 STREET ADDRESS	3001 BISCAYNE BLVD
CITY - ST - ZIP	MIAMI FL 33137-4123	1.4 CITY - ST - ZIP	MIAMI FL 33137 4123
TITLE	VP	2.1 TITLE	
NAME	[REDACTED]	2.2 NAME	
STREET ADDRESS	[REDACTED]	2.3 STREET ADDRESS	
CITY - ST - ZIP	[REDACTED]	2.4 CITY - ST - ZIP	
TITLE	[REDACTED]	3.1 TITLE	
NAME	[REDACTED]	3.2 NAME	
STREET ADDRESS	[REDACTED]	3.3 STREET ADDRESS	
CITY - ST - ZIP	[REDACTED]	3.4 CITY - ST - ZIP	
TITLE	[REDACTED]	4.1 TITLE	
NAME	[REDACTED]	4.2 NAME	
STREET ADDRESS	[REDACTED]	4.3 STREET ADDRESS	
CITY - ST - ZIP	[REDACTED]	4.4 CITY - ST - ZIP	
TITLE	[REDACTED]	5.1 TITLE	
NAME	[REDACTED]	5.2 NAME	
STREET ADDRESS	[REDACTED]	5.3 STREET ADDRESS	
CITY - ST - ZIP	[REDACTED]	5.4 CITY - ST - ZIP	
TITLE	[REDACTED]	6.1 TITLE	
NAME	[REDACTED]	6.2 NAME	
STREET ADDRESS	[REDACTED]	6.3 STREET ADDRESS	
CITY - ST - ZIP	[REDACTED]	6.4 CITY - ST - ZIP	

14. I do 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: _____ DATE: 4/2/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 305 573 4994
Date Daytime Phone # 0187181

CR2E034 (9/96)