

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2004 8:00 am
Secretary of State

08-03-2004 90008 047 ***550.00

DOCUMENT # S63431

1. Entity Name
COMPANIA DE LICORES INTERNACIONALES, INC.



Principal Place of Business
921 PIZARRO ST
CORAL GABLES, FL 33134

Mailing Address
PO BOX 14-4427
CORAL GABLES, FL 33114-4427

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07202004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0344931

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required ~

6. Name and Address of Current Registered Agent

ABASCAL, AURELIO G
575 CRANDON BLVD
APT 512
KEY BISCAYNE, FL 33149

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PT
ABASCAL, GERARDO
GPO BOX 364094
SAN JUAN, PUERTO RICO, ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
ABASCAL, AURELIO G
575 CRANDON BLVD. APT 512
KEY BISCAYNE, FL 33149 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

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☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERARDO ABASCAL

7/28/04 (305) 570-4344

Date

Daytime Phone #