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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE**PA**RTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 S70121

(6)

1. Corporation Name ONLY LIQUORS, INC.  Principal Place of Business 2180 S.W. FIRST ST. MIAMI FL 33135 MIAMI FL 33135  1. Corporation Name Mailing Address 2180 S.W. FIRST ST. MIAMI FL 33135								
	•	•			3. Date Incorporated or Qualified 08/01/1991		e of Last Re 0/12/199	
**	ace of Business	2a. Mailing Address			4. FEI Number 65-0278061		h	Applied For Not Applicable
Suite, Apt. 4	₱, elc.	Suite, Apt. #, etc.			Certificate of Status Desired	/ \$8.75 Additional		
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be
Zip	Country	<b>28</b> Zip	Coun	try	Trust Fund Contribution  8. This corporation has liability fo	r intangible t		to Fees 199.032,
]	25	29	30		11011011101101	s No	Acani	
	9. Name and Address of Curre	ent Registered Agent		81 Name	10. Name and Address of New	Hegistered	Agent	
	MIGUEL A			82 Street Add	ss (P.O. Box Number is Not Acceptable)			
	n first street El 33135		ļ.	83				
MINIMI I	C 30 100						loc l Zie	Code
				84 City		FL	_   '   '	
rar amar wit	,	Chorrott 10000, Florida Carretto	<b>3</b> .		oration submits this statement for the p ard of directors. I hereby accept the ap			
ignature _ 2.	Signature, typed or printed name of registered ag			Agent signature requi		DATE FFICERS AN		
IGNATURE _ 2. TLE AME TREE1 ADDRESS	Signature, typed or period name of registeric age OFFICERS A P ROCA, MIGUEL A 2180 SW FIRST ST	not and tille if applicable (M NO DIRECTORS	DTt: Registered / 13. 1.1 Till 1.2 NAI 1.3 STE	Agent signature requir ILE ME REET ADDRESS	red when reinstating)	DATE FFICERS AN	D DIRECTO	RS IN 12
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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)(k), 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 certify 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 for managed, or an attyring maderess.

SIGNATURE:

NATURE AND TYPEOUR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLAR 1774 ACOSTA 4-26-96 (305) 643-5747