


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S70121 (6)

1. Corporation Name
ONLY LIQUORS, INC.

Principal Place of Business
2180 S.W. FIRST ST.
MIAMI FL 33135

Mailing Address
2180 S.W. FIRST ST.
MIAMI FL 33135-1637



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/01/1991		3a. Date of Last Report 05/01/1996	
21		26		4. FEI Number 65-0278061		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24		29					

9. Name and Address of Current Registered Agent

ROCA, MIGUEL A
2180 SW FIRST STREET
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name
Pedro N. Acosta
82 Street Address (P.O. Box Number is Not Acceptable)
2180 S.W. First Street
83
Miami
84 City
FL 85 Zip Code
33135

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE
4/29/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	ROCA, MIGUEL A	1.2 NAME	Pedro N. Acosta
STREET ADDRESS	2180 SW FIRST ST	1.3 STREET ADDRESS	2180 S.W. First Street
CITY - ST - ZIP	MIAMI FL 33135	1.4 CITY - ST - ZIP	Miami, FL 33135
TITLE	VS	2.1 TITLE	
NAME	ACOSTA, CLARITZA	2.2 NAME	
STREET ADDRESS	2180 S.W. FIRST ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	T
NAME	PINO, HUGO	3.2 NAME	Roca, Miguel A
STREET ADDRESS	2180 SW FIRST ST.	3.3 STREET ADDRESS	2180 S.W. First Street
CITY - ST - ZIP	MIAMI FL 33135	3.4 CITY - ST - ZIP	Miami, FL 33135
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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, unchanged, or on an attachment with an address.

SIGNATURE:

Signature typed or printed name of signing officer or director

CLARITZA ACOSTA

4-29-97 (305) 643-5747

Date

Daytime Phone #

0186524

CR2E034 (9/96)