

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

FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moghnam 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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/01/1991	
4. FEI Number 65-0278061		Applied For <input checked="" type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ACOSTA, PEDRO N 2180 S.W. FIRST STREET MIAMI FL 33135		81 Name Claritza 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 Section 607.07, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or agent. I, **Claritza Acosta**, Secretary of the corporation, do hereby accept the appointment as registered agent. I am a resident of the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. **CLARITZA ACOSTA** 2-4-98

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	T	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROCA, MIGUEL A			1.2 NAME	Claritza 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	<input type="checkbox"/> DELETE		2.1 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ACOSTA, CLARITZA			2.2 NAME	Omar M. Acosta		
STREET ADDRESS	2180 S.W. FIRST ST.			2.3 STREET ADDRESS	2180 S.W. First Street		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	Miami, FL 33135		
TITLE	P	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	S.T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ACOSTA, PEDRO N			3.2 NAME	Claudia P. Acosta		
STREET ADDRESS	2180 SW FIRST STREET			3.3 STREET ADDRESS	2180 S.W. First Street		
CITY-ST-ZIP	MIAMI FL 33135			3.4 CITY-ST-ZIP	Miami, FL 33135		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 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 in an attachment with an address.

SIGNATURE: **Claritza Acosta** **CLARITZA ACOSTA** 1-10-98(305)643-5747

CP2E034 (10/97)