

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -3 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S80404** (4)

1. Corporation Name

SPANISH CELLARS, INC.

Principal Place of Business

1470 NW 107TH AVE
MIAMI FL 33172

Mailing Address

1470 NW 107TH AVE
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
09/16/1991

3a. Date of Last Report
01/24/1994

4. FEI Number
59-3083796

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUSO, JOSE RAMON
1470 NW 107TH AVE.
MIAMI FL 33172

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

Signature of Registered Agent and the Agent

(P.O. Box Number is Not Acceptable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	GOMEZ DE ARTECHE, JOSE
STREET ADDRESS	1470 NW 107TH AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	PD
NAME	SUSO, JOSE RAMON
STREET ADDRESS	642 NW 98TH CT
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	SERRANO, VICTOR
STREET ADDRESS	1470 NW 107TH AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	TD
NAME	PEREZ, BENIGNO
STREET ADDRESS	3128 HILLSIDE LANE
CITY-ST-ZIP	SAFETY HARBOR FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I, the undersigned, certify that the information supplied was true and correct as of the date of filing and that I am familiar with and accept the obligations of Section 607.0505, Florida Statutes. I further certify that the information submitted in 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 responsible for the filing of this report as required by Chapter 447, Florida Statutes, and that my name appears on Block 12 of this report, or on a supplemental report with an addition.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE P. SUSO

2/25/95