

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 05 1996 8:00 am
Secretary of State

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**



2. Principal Place of Business

21 Street, Apt. #, etc.
22 City & State
23 Zip

2a. Mailing Address

26 Street, Apt. #, etc.
27 City & State
28 Zip

24 Country

29 Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

09/16/1991

3a. Date of Last Report

03/03/1995

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

10. Name and Address of New Registered Agent

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 607.1509, 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

Not a Registered Agent signature required when filing.

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE	PD	☐ DELETE
12.2 NAME	SUSO, JOSE RAMON	
12.3 STREET ADDRESS	642 NW 98TH CT	
12.4 CITY-STATE-ZIP	MIAMI FL	
12.5 TITLE	SD	☐ DELETE
12.6 NAME	SERRANO, VICTOR	
12.7 STREET ADDRESS	1470 NW 107TH AVE.	
12.8 CITY-STATE-ZIP	MIAMI FL	
12.9 TITLE	TD	☐ DELETE
12.10 NAME	PEREZ, BENIGNO	
12.11 STREET ADDRESS	3126 HILLSIDE LANE	
12.12 CITY-STATE-ZIP	SAFETY HARBOR FL	
12.13 TITLE		☐ DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY-STATE-ZIP		
12.17 TITLE		☐ DELETE
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY-STATE-ZIP		
12.21 TITLE		☐ DELETE
12.22 NAME		
12.23 STREET ADDRESS		
12.24 CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-STATE-ZIP	
13.5 TITLE	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-STATE-ZIP	
13.9 TITLE	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-STATE-ZIP	
13.13 TITLE	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-STATE-ZIP	
13.17 TITLE	☐ Change ☐ Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied in this filing was 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 oath. I am an officer or director of this 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 on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE R SUSO

X 2-31-96

CR2E034 (12/95)