


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

FILED
Mar 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S93863 (6)
1. Corporation Name
DEL TROPICO BEERS AND WINES INCORPORATED



Principal Place of Business 6957 NW 82ND ST. MIAMI, FL 33166 6957 NW 82ND AVE MIAMI, FL 33166	Mailing Address 6957 NW 82ND ST. MIAMI, FL 33166 6957 NW 82ND AVE MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/13/1991	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0294884		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent TAVERA, ROBERTO 12253 S.W. 16TH TERR #104 MIAMI FL 33175				10. Name and Address of New Registered Agent	
B1 Name					
B2 Street Address (P.O. Box Number is Not Acceptable)					
B3					
B4 City				FL	B5 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PO	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAVERA, ALVARO			1.2 NAME	ALFONSO CORNEJO		
STREET ADDRESS	6957 NW 82ND AVE			1.3 STREET ADDRESS	6957 NW 82ND AVE		
CITY-ST-ZIP	MIAMI FL 33166			1.4 CITY-ST-ZIP	MIAMI, FL 33166		
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERNANDEZ, GUILLERMO			2.2 NAME			
STREET ADDRESS	6957 NW 82ND AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33166			2.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	GENERAL MANAGER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAVERA, YORMARY			3.2 NAME	MIRYAN CONSUELO CORNEJO		
STREET ADDRESS	12253 SW 16 TERR., #104			3.3 STREET ADDRESS	6957 NW 82ND AVE		
CITY-ST-ZIP	MIAMI FL 33175			3.4 CITY-ST-ZIP	MIAMI, FL 33166		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERNANDEZ, LILIA			4.2 NAME			
STREET ADDRESS	6957 NW 82ND AVENUE			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33166			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VEGA, DELZAR F			5.2 NAME			
STREET ADDRESS	6957 NW 82ND AVENUE			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33166			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAVERA, ROBERTO			6.2 NAME			
STREET ADDRESS	12253 S.W. 16 TERR., #104			6.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33175			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 on an attachment with an address.

SIGNATURE:

Guillermo Fernandez 2/23/98 (205) 592-1413

CR2E034 (10/97)