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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

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AND FILED



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APPROVED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

4431 C	UNFUNATION									
Principal Plac	ce of Business	Maili	ing Address							
7701 SW 134			BOX 560515				•			
MIAMI FL 331 US			MI FL 33256-0515							
	_					3.	Date Incorporated or Qualified 11/13/1991		e of Last Re 30/1996	eporl
<u> </u>	Place of Business	2a. N	lailing Address			4.	FEI Number	1	Ap	plied For
21	4 -1-	26					65-0295598			t Applicable
Suite, Apt.	#, etc.	ļq	iuite, Apt. #, etc.			5.	Certificate of Status Desired		\$8.75	
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Zip	Country		(ip	Cour	try		This corporation has liability for i		Added t	
24	25	29	,	30	•	"			l No	199.032,
	9. Name and Address of Curre	nt Register	red Agent			10.	Name and Address of New Re	stered A	gent	
SAL	LZMAN, JOEL				Name		S42444			
770)1 S.W. 134TH STREET			}	32 Street Add	LAN Iress (P	O. Box Number is Not Acceptab	le)		
MLA	MI FL 33156				770	ی آ	W 134 ST	,		
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11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the Storm am familiar with and accept the original	02 and 607	.1508, Florida Stati	ites, the abo	ove-named corp	poration	submits this statement for the p	urpose of	changing its	s registered
agent. I a	im familiar with and accept the only	gations of, S	Section 607.0505, F	lorida Statu	tes.	mon s D	loard of directors. I fiereby accep	t the appo	intment as i	registered
SIGNATURE	Alilan Ja	fr					Ju Ju	eles 2		7
10	Signature, typed or printed name of registered as				Agent signature requi			D//E		-
12. TITLE	OFFICERS A	AD DIRECTO	DELETE	13.	. 1	A	DDITIONS/CHANGES TO OFFIC			
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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 if changed, or on an attachment with an address.

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THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE



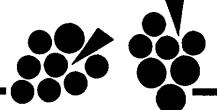
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The Cellar Seller



7701 S.W. 134th Street Miami, Florida 33156 Tel: (305) 251-7965 Fax: (305) 238-6167

FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS P.O Box 6327 Tallahassee, FL. 32314

Dear Ms. Mortham:

I am enclosing the notice that was sent to the corporation for the annual report. As you can see it was not filed in a timely manner because my husband, who took care of all the matters pertaining to the business, was very ill. He spent the months of March and April in Baptist Hospital in the intensive care unit. He passed away on May 1st. of this year due to lung cancer. I am now going through all the papers and came upon this notice.

I would truly appreciate your waving the late fee as this is truly a hardship for me.. Thank you in advance for your kind consideration of this matter.

Sincerely,

Wilma Salzman