PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90089 042 ***150.00

1. Corporatio	MENT # V61524 OR LIQUORS, INC.	•					
Principal Plac	e of Business	Mailing Address			- f (881) Bitand alies liber attill litti eses erem	BIBIT GIBIT BITTE	rimit AIRit 1891
1541 SW 126TH PL 16789 NW 67TH AVE							
MIAMI FL 33184		MIAMI FL 33014					
		US			DO NOT WRITE IN THIS 3. Date incorporated or Qualified	SPACE	
	,				09/03/1992		.
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			65-0393747	No	t Applicable
	#retc.	Suite-Apt: #-etc-			5. Certificate of Status Desired		Additional
22					<u> </u>	Fee Re	beriup
City & Stat	e	City & State	_		6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip		intry	This corporation owes the current year in Personal Property Tax.	tangible Yes	
24	9. Name and Address of Currer		30]		10. Name and Address of New Registered		
HERRERA, EDUARDO 1541 SW 126TH PL MIAMI FL 33184				81 Name 82 Street Addre 83 84 City	ess (P.O. Bax Number is Not Acceptable)	85 Zip (Code
office or r agent I a SIGNATURE	registered agent, or both, in the State am familiar with and accept the obliga Signature, typed or printed name of registered age	of Forida. Such change was au word of, Section 607.0505, Flori	inonzed de Stat 4 n. b.	by the corporation of the corpor	oration submits this statement for the purpose of the board of directors. I hereby accept the appoint board of the purpose of the pu	198	gistered
TILE	DP.	DELETE	1,1 11	TLE .	7551161616171020 TO 071102118 A	☐ Change	Addition
NAME	HERRERA, EDUARDO	_	12N				}
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CITY-ST-ZIP	MIAMI FL		140	TY-ST-ZIP			
TITLE	DST	☐ DELETE	2117			☐ Change	(Addition
NAME	HERRERA, ANA C		22 N	WE			}
STREET ADDRESS	1541 SW 126TH PL		235	REET ADDRESS			
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TINE	DV	☐ DELETE	3.1 17	n.e.		Change	Addition
NAME	CARBAJAL, CARLOS A		32N	1			-
STREET ADORESS		÷ .	7	REET ADDRESS			
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NAME .				į.			}
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CITY-ST-ZIP	Ì		•	TY-ST-ZIP			1
TITLE		☐ DELETE	6.1 TI			☐ Change	Addition
NAME			62 N	WE			
STREET ADDRESS			6351	REET ADDRESS			ļ
CITY.ST. 789	· ·		6.4 CT	IY-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 here the came 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 507. Figrida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

0 10 3 / 7 / (30 7) 2 / 7 Daytine Phone #

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