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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 407295

(5)

WINE & BREW BY YOU,INC. Principal Place of Business Mailing Address 5760 BIRD ROAD 5760 BIRD ROAD MIAMI FL 33155 MIAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/22/1972 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 59-1410365 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Flection Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. X Yos 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 MORGAN, SANDRA LEIGH 9620 S.W. 48TH ST. 82 **MIAMI FL 33165** 83 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the aboveid 607.1608, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered longer. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent Lani if Section 607. 505, Florida Statutes 13 SIGNATURE when reinstating) 12. OLFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TITLE Addition MORGAN, SANDRA LEIGH NAME 1.2 NAMI 9620 S.W. 48TH ST. STREET ADDRESS 13 STREET ADDRESS MIAMI FL CITY-ST-ZIP 14 CITY - ST - ZIP DELETE THLE Addition 2.1 HILE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-S1-ZIP DELETE TITLE 31 THLE Change ___ Addition NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - S1 - ZIF DELETE Change TITLE Addition 4.1 TITLE NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP 🔲 DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-SI-ZIP DELETE TITLE Addition 6.1 1IILE NAME 6.2 NAME ~06/25/98. 9-191

6.4 CITY-ST-ZIP 14. Thereby 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 eath; 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

6.3 STREET ADDRESS

STREET ADDRESS

***150.00

FILED

Jun 24 1998 8:00am

Secretary of State