

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

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90140 044 \*\*\*150.00

0560578

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F98000001482**

1. Corporation Name  
**CODORNIU NAPA, INC.**

Principal Place of Business 1345 HENRY ROAD NAPA CA 94559	Mailing Address 1345 HENRY ROAD NAPA CA 94559
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 03/16/1998	4. FEI Number 94-3074046	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 607.1508, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KENTON, MICHAEL	
STREET ADDRESS	<del>19216 JUNIPERO SERRA DRIVE</del> 19185 SEVENTH ST	
CITY-ST-ZIP	SONOMA CA 95476	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PAGES, XAVIER	
STREET ADDRESS	PGE. FONTANELLES #9, 08017	
CITY-ST-ZIP	BARCELONA, SPAIN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GILBRETH, DAVID	
STREET ADDRESS	1022 ROSS CIRCLE	
CITY-ST-ZIP	NAPA CA 94558	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SAENZ, MAGIN R	
STREET ADDRESS	CALATRAVAN #78, 08017	
CITY-ST-ZIP	BARCELONA, SPAIN	
TITLE	C	<input type="checkbox"/> DELETE
NAME	ARTES, MANUEL R	
STREET ADDRESS	JUAN DE URPI #9, 00034	
CITY-ST-ZIP	BARCELONA, SPAIN	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	ARTES, JORDI R	
STREET ADDRESS	ELEONOR DE PINOS #22, 08034	
CITY-ST-ZIP	BARCELONA, SPAIN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(f), 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 attached page with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** 4/9/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)