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

FILED
98 OCT 12 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P34204** (8)

1. Corporation Name

~~AUSTRALIAN BENCHMARK WINES INC~~

MILDARA BLASS WINES, INC.

Principal Place of Business
~~5540 CENTERVIEW DR~~
~~SUITE 110~~ 110
~~RALEIGH NC 27606~~ 27615

Mailing Address
~~5540 CENTERVIEW DR~~ 110 HORIZON DR.
~~SUITE 110~~ 110
~~RALEIGH NC 27606~~ 27615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/05/1991

4. FEI Number: 94-3028813 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business (21)

Suite, Apt. #, etc (22)

City & State (23)

Zip (24) Country (25)

2a. Mailing Address (26)

Suite, Apt. #, etc. (27)

City & State (28)

Zip (29) Country (30)

9. Name and Address of Current Registered Agent

SOUTHERN WINE & SPIRITS OF AMERICA, INC.
1600 NW 163RD STREET
MIAMI FL 33169

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 _____ Signature, typed or printed name of the registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	BARRY, NICHOLAS O'DONNEL	
STREET ADDRESS	3024 SALEM RIDGE RD.	
CITY-ST-ZIP	HOLLY SPRINGS NC 27540	
TITLE	ST	☐ DELETE
NAME	ELLIS, TAMRA	
STREET ADDRESS	4402-K EMERALD FOREST DR.	
CITY-ST-ZIP	DURHAM NC 27715	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☒ Change ☐ Addition
1.2 NAME	PERRIN, Peter	
1.3 STREET ADDRESS	8836 Wildwood LINKS	
1.4 CITY-ST-ZIP	Raleigh, NC 27614	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	8515 Millers Bend	
2.4 CITY-ST-ZIP	Bahama, NC 27503	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	300002663683--4	
3.4 CITY-ST-ZIP	-10/14/98--01065--011	
4.1 TITLE	****150.00	☐ Change ****150.00 Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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)(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.

CR2E034 (10/97)