## 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** #

P93000043200 (3)

VINO BROS., INC.

Principal Place of Business	Mailing Address
6707 N.W. 169TH STREET SUITE A-108 MIAMI LAKES FL 33015	6707 N.W. 169TH STREET SUITE A-108 MIAMI LAKES FL 33015

FILED Apr 21 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2. Mining Address 3. Mining Address							06/15/1993			
Sulfer, Apt. #, citc   28   Sulfer, Apt. #, citc   27   Sulfer, Apt. #, citc   28   State   S. Certificant of Status Desired   S. S.00 May Be   The Required   S. Sulfer, Apt. #, citc   28   State   S. Certificant of Status Desired   S. Sulfer, Apt. #, citc   S. Certificant of Status Desired   S. Sulfer, Apt. #, citc   S. Certificant of Status Desired   S. Certificant	2. Principal Place of Business 2a. Mailing Address								Applied For	
Suite, Apt #, etc.    Suite, Apt #, etc.   Suite, Apt #, etc.   S. Certificate of Status Doered   Se.75 Additional   Fee Required   Fee Required   Fee Required   Fee Required   Fee Required   Fee Required   Se. Country   Se. This corporation owns or has paid the quirent year image place   Added to Fees   Se. Country   Se. This corporation owns or has paid the quirent year image place   Se. Country   Se. This corporation owns or has paid the quirent year image place   Se. Country   Se. Co	21	26				65-0417660				
City & State  28  29  Country  29  Country  29  Country  29  29  20  Country  20  C	<u> </u>								\$8.75 Additional	
28	<u> </u>						- 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
Zip   Country   Zip   Country   Zip   Country   Summary   Summar	28						7 7 7			
28   25   20   30   Personal Property Tax due June 20   %es   No  9. Name and Address of Current Registered Agent  10VNO, CARLO  8447 MAMI LAKES DRIVE EAST  SUITE 209  MAMI LAKES FL 33014  80   Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 697 6602 and 697 1508; Forida Statutes, the above-harmed corporation submits this statement for the purpose of changing its registered agent. are infender with, and accept the objection of 05050. Florida Statutes  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. STREET ADDRESS  15. STREET ADDRESS  16. STREET ADDRESS  27. DELETE  17. TIME  10. OFFICERS AND DIRECTORS  13. STREET ADDRESS  27. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. STREET ADDRESS  27. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. DIVENTS 1.2P  15. TIME  15. STREET ADDRESS  27. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. STREET ADDRESS  27. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. STREET ADDRESS  27. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. STREET ADDRESS  27. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. STREET ADDRESS  27. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. STREET ADDRESS  27. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. STREET ADDRESS  27. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. STREET ADDRESS  27. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. STREET ADDRESS  27. ADDRESS  2	Zip	Country	Zip	Coun	itry		8. This corporation owes or has paid the sur			
IOVINO, CARLO   8447 MIAMI LAKES DRIVE EAST   SUITE 209   MIAMI LAKES PL 33014   S2   Street Address (P.O. Box Number is Not Acceptable)   S2   Street Address (P.O. Box Number is Not Acceptable)   S2   Street Address (P.O. Box Number is Not Acceptable)   S3   S4   City   FL	24			30			· · · · · · · · · · · · · · · · · · ·	-4		
847 MAMI LAKES DRIVE EAST SUTTE 209 MAMI LAKES FL 33014  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  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 agent. or both, in the Statut of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. The statement for the purpose of changing its registered agent. The statement for the purpose of changing its registered agent. The statement for the purpose of changing its registered agent. The statement for the purpose of changing its registered agent. The statement for the purpose of changing its registered agent. The statement for the purpose of changing its registered agent. The statement for the purpose of changing its registered agent. The statement for the purpose of changing its registered agent. The statement for the purpose of changing its registered agent. The statement for the purpose of changing its registered agent. The statement for the purpose of changing its registered agent. The statement for the purpose of changing its registered agent. The statement for the purpose of changing its registered agent. The post of the purpose of changing its registered agent. The post of the purpose of changing its registered agent. The post of the purpose of changing its registered agent. The post of the purpose of changing its registered agent. The post of the purpose of changing its registered agent. The purpose of changing its registered agent. The post of the purpose of changing its registered agent. The purpose		9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered .	Agent		
### City ### Laboration   ### City ### Labor	644 SU	17 MIAMI LAKES DRIVE EAST ITE 209		Ī	82		ress (P.O. Box Number is Not Acceptable)			
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 agont, 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 agont, term familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature hybrid or printed come or regulating agont and the 4 spikewher.  12. OFFICERS AND DIRECTORS  13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12.  IIII.  IOVINO, CARLO  6707 N.W. 189TH STREET, SUITE A108  SIREET ADDRESS  CITY-S1-ZP  IIII.E  OELETE  21 ITILE  OELETE  33 SIREET ADDRESS  CITY-S1-ZP  IIII.E  OELETE  33 SIREET ADDRESS  CITY-S1-ZP  IIII.E  OELETE  33 SIREET ADDRESS  CITY-S1-ZP  IIII.E  OELETE  41 TITLE  OELETE  41 TITLE  OELETE  44 TITLE  OELETE  44 TITLE  OELETE  55 SIREET ADDRESS  CITY-S1-ZP  IIII.E  OELETE  51 SIREET ADDRESS  CITY-S1-ZP  Addition  AMAGE  SIREET ADDRESS  CITY-S1-ZP  Addition  AND  SIREET ADDRESS  CITY-S1-ZP  Addition  AND  SIREET ADDRESS  CITY-S1-ZP  Addition  AND  SIREET ADDRESS  CITY-S1-ZP  Addition  ADDRESS  ADDRESS  ADDRESS  CITY-S1-ZP  Addition  ADDRESS  CITY-S1-ZP  Addition  ADDRESS  ADDRESS  ADDRESS  ADDRESS  CITY-S1-ZP  Addition  ADDRESS  ADDRESS  CITY-S1-ZP  Addition  ADDRESS  ADD	MI	AMI LAKES FL 33014		'	B3					
office of registered agont, or Doth, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agont and accept the obligations of, Section 607.0505, Florida Studies.  SIGNATURE    Symbol or printed name of registered agont and site of appointment agont a				ļ	B4	City	FL	85 Z	p Code	
Signature hyped or printed name of registered agent signature sequined when reimstating) DATE  12. OFFICERS AND DIRECTORS IS. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE DVINO, CARLO STREET ADDRESS OFFICERS AND DIRECTORS IN 12  ITILE DVINO, CARLO STREET ADDRESS OFFICERS AND DIRECTORS IN 12  ITILE STREET ADDRESS OFFI ADDRES	Office of re	egistered agent, or both, in the State (	of Florida. Such change was a	uthorized	bv '	the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the app	changing ointment	its registered as registered	
12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE   DIVINO, CARLO   CA		Signature, typed or printed name of registered agen	t and tille if applicable (NOTE	E Registered	Agen	it signature requir	ed when reinstating) DATE			
NAME   OVINO, CARLO   12 NAME   3707 N.W. 189TH STREET, SUITE A108   13 STREET ADDRESS   14 CHY-ST-ZIP	12.							DIRECTO	ORS IN 12	
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THE CONTRACT PROPERTY OF THE PROPERTY OF THE BUILDING WILLIAMS THE BASED OF THE SECONDEST OF THE PROPERTY OF T		ertify that the information supplied will	this filing does not quality for	r the exem	nptic	on stated in !	Section 119.07(3)(i) Florida Statutes Hurther con	tify that th	ne information	

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 required 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 one altigramment with an artidress.

SIGNATURE:

4/4/9