PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000024382

1. Corporation Name

PETITE VINES, INC.

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90106 033 ***150.00



Mailing Address Principal Place of Business 430 WEST MAIN STREET 430 WEST MAIN STREET **ASPEN CO 81611 ASPEN CO 81611** DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 04/01/1994 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2746043 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing \Box Added to Fees 28 Trust Fund Contribution 23 Zip Country Country 8. This corporation owes the current year Intangible **X** No 30 Personal Property Tax. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SMOLEV, STEVEN SMOLEY, STEVEN Street Address (P.O. Box Number is Not Acceptable) 82 8798 NW 15TH STREET **MIAMI FL 33172** 83 84 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change TITLE □ DELETE 1.1 TITLE MANDY, STEPHEN H 1.2 NAME NAME 430 WEST MAIN STREET 1.3 STREET ADDRESS STREET ADDRESS ASPEN CO 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DFLETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Maddition TITLE 6.2 NAME NAME

14. I heraby 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)