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PROFIT GORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000006407 (8)

VINA CONDE DEL MAULE S.A.

Principal Place of Business Mailing Address AVENIDA SAN MIGUEL 2631. TALCA AVENIDA SAN MIGUEL 2631, TALCA CHILE 3a, Date of Last Report 3. Date Incorporated or Qualified 12/06/1996 2. Principal Place of Business Mailing Address Applied For 2a. 21 26 Not Applicable Suite, Apt. #, etc. Suite Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country Zip Country This corporation has liability for intangible tax under s. 199,032, ☐ Yes ☐ No 24 25 29 30 Florida Statutes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROSS, ROBERT L 241 SEVILLA AVE Street Address (P.O. Box Number is Not Acceptable) **∌**P. H. 83 CORAL GABLES FL 33134 City 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 607.0506, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. Change Addition DELETE TITLE DCP 1.1 Title MUNOZ. ARNOLDO SANCHE NAME 1.2 NAME 1 SUR 885, 30 PISO, 1.3 STREET ADORESS STREET ADDRESS TALCA. CHILE 1.4 CITY-ST-ZIP CITY - ST Change Addition DELETE 21 TITLE 100 E ZAROR, CARLOS ZAROR 22 NAME NAM AVENIDA SAN MIGUEL 2631. TALCA 2.3 STREET ADDRESS STREET ADDRESS CHILE 2. 4 CITY - ST - ZiP CITY - ST-ZiP DELETE Change Addition 3.1 TITLE THEFE DC SCHIFFERLI. RENE REYES 3.2 NAME NAME MARURI 639, SANTIAGO 3.3 STREET ADDRESS STREET ADDRESS CHILE 3.4. CITY - \$1 - 21P City-St DELETE ☐ Change Addition 4.1 TITLE TITLE VERGARA, CARLOS SANTELI 4 2 NAME NAVA STREET ADDRESS COOPERATIVA PIDUCO, CASA N239 4.3 STREET ADDRESS TALCA 4.4 CITY-ST-ZIP CITY - S1 - ZIP Addition DELETE Change 51 TITLE THLE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CHY-51-200 Addition Change DILETE 6.1 TITLE THE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDIRESS 6.4 CITY-ST-ZIP 14. I do 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 eath; that I am an officer or director of the copyrition or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE AND TYPED OR PRINTED NAM

FILED May 13 1997 8:00am Secretary of State