

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000005640

**Entity Name:** MAUI WINE, LTD. CORPORATION

**Current Principal Place of Business:**

15045 PIILANI HWY  
KULA, HI 96790

**FILED**  
**Feb 06, 2017**  
**Secretary of State**  
**CC2783430641**

**Current Mailing Address:**

HC1 BOX 953  
KULA, HI 96790

**FEI Number: 99-0157938**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name HEGELE, PAULA  
Address HC1 BOX 953  
City-State-Zip: KULA HI 96790

Title ST  
Name CLAIR, GERALD  
Address 5619 W. JOHNNY MULLINS DRIVE  
City-State-Zip: PRESCOTT AZ 86305

Title CEOD  
Name ERDMAN, C. PARDEE  
Address P.O. BOX 901  
City-State-Zip: KULA HI 96790

Title VP  
Name MATICHYN, NICK  
Address 224 POLIPOLI ROAD  
City-State-Zip: KULA HI 96790

Title DIRECTOR  
Name TEDESCHI, MARIO  
Address 2779 GRANT STREET  
City-State-Zip: CALISTOGA CA 94515

Title DIRECTOR  
Name TEDESCHI, EMILIO  
Address 2779 GRANT STREET  
City-State-Zip: CALISTOGA CA 94515

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: PAULA J HEGELE**

**PRESIDENT**

**02/06/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date