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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 350978 (3)

1. Corporation Name

SOUTHERN WINE & SPIRITS OF AMERICA, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 14 PM 4:02

Principal Place of Business

1600 N.W. 163RD STREET  
MIAMI FL 33169

Mailing Address

1600 N.W. 163RD STREET  
MIAMI FL 33169

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
08/19/1969

3a. Date of Last Report  
04/29/1994

4. FEI Number  
59-1285976

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 has liability for intangible tax under S. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

JOSEPH, HERBERT S.,  
3711 ANDERSON ROAD  
CORAL GABLES FL 33134

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when consulting)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME CHAPLIN, HARVEY R  
STREET ADDRESS 9930 BROADVIEW  
CITY-ST-ZIP BAY HARBOR ISLN FL

TITLE EV  
NAME DINNERSTEIN, ELLIOT W.  
STREET ADDRESS 7980 S.W. 144TH ST.  
CITY-ST-ZIP MIAMI FL

TITLE ST  
NAME JOSEPH, HERBERT S.  
STREET ADDRESS 3711 ANDERSON RD.  
CITY-ST-ZIP CORAL GABLES FL

TITLE CD  
NAME BECKER, ISIDORE A.  
STREET ADDRESS 10155 COLLINS AVE.  
CITY-ST-ZIP BAL HARBOR FL

TITLE VD  
NAME CHAPLIN, WAYNE E  
STREET ADDRESS 8520 ALLISON RD  
CITY-ST-ZIP MIAMI BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☒ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

1581 BRICKELL AVE., #1701

54 LA GORCE CIRCLE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Herbert S. Joseph*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
HERBERT S. JOSEPH, SECRETARY/TREASURER

2-7-95

305-625-4171