

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 350978 (3)
1. Corporation Name
SOUTHERN WINE & SPIRITS OF AMERICA, INC.

Principal Place of Business Mailing Address
1600 N.W. 163RD STREET 1600 N.W. 163RD STREET
MIAMI FL 33169 MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/19/1969

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		59-1285876		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BREIER, ROBERT G ESQ.
BREIER AND SEIF, P.A.
1320 S. DIXIE HWY., SUITE 830
CORAL GABLES FL 33146

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CEOD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CHAPLIN, HARVEY R			1.2 NAME			
STREET ADDRESS	1600 N.W. 163RD ST.			1.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33169			1.4 CITY - ST - ZIP			
TITLE	PCOD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CHAPLIN, WAYNE E.			2.2 NAME			
STREET ADDRESS	1600 N.W. 163RD ST.			2.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33169			2.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ISIDORE A. BECKER			3.2 NAME			
STREET ADDRESS	1600 N.W. 163RD ST.			3.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33169			3.4 CITY - ST - ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ELLIOT DINNERSTEIN			4.2 NAME			
STREET ADDRESS	1600 N.W. 163RD ST.			4.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33169			4.4 CITY - ST - ZIP			
TITLE	SRVP	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DICK, MELVIN A			5.2 NAME			
STREET ADDRESS	1600 NW 163RD ST			5.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL			5.4 CITY - ST - ZIP			
TITLE	VPT	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BECKER, STEVEN R			6.2 NAME			
STREET ADDRESS	1600 N.W. 163RD ST.			6.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33169			6.4 CITY - ST - ZIP			

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 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.

SIGNATURE: Steven Becker - 3-20-98 305-625-4171

CR2E034 (10/97)