FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F94000002306 (8)**

1. Corporation Name

DOLCE WINERY, INC.

Principal Place of Business

P.O. BOX 327
OAKVILLE CA 94562

Mailing Address

P.O. BOX 327
OAKVILLE CA 94562

3. Date Incorporated or Qualified: 05/04/1994

3a. Date of Last Report: 02/08/1995

4. FEI Number: 68-0290921 [ ] 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | Country 30

9. Name and Address of Current Registered Agent

BENNETT, ANNE
1600 N.W. 163RD ST.
MIAMI FL 33169

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 the position, Florida Statutes.

SIGNATURE [signature]

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	HAMPSON, DIRK	
STREET ADDRESS	1581 OAKVILLE GRADE RD.	
CITY-ST-ZIP	OAKVILLE CA 94562	
TITLE	V	[ ] DELETE
NAME	MAGUIRE, LARRY	
STREET ADDRESS	115 DAHLIA ST.	
CITY-ST-ZIP	ST. HELENA CA 94574	
TITLE	S	[ ] DELETE
NAME	MORREL, REECE	
STREET ADDRESS	5310 E. 31ST ST.	
CITY-ST-ZIP	TULSA OK	
TITLE	T	[ ] DELETE
NAME	SCOTT, HUGH B	
STREET ADDRESS	346 PATTON ST.	
CITY-ST-ZIP	SONOMA CA	
TITLE	D	[ ] DELETE
NAME	NICKEL, GIL	
STREET ADDRESS	115 ABBEY PARK RD.	
CITY-ST-ZIP	INCLINE VILLAGE NV 89450	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		[ ] Change [ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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: [signature] 1/19/96 707 944-2861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)