FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F96000006407 (8)**

1. Corporation Name
VINA CONDE DEL MAULE S.A.

Principal Place of Business	Mailing Address
AVENIDA SAN MIGUEL 2631. TALCA CHILE	AVENIDA SAN MIGUEL 2631. TALCA CHILE

3. Date Incorporated or Qualified: 12/06/1996
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: ☑ 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

9. **Name and Address of Current Registered Agent**

ROSS, ROBERT L
241 SEVILLA AVE
#P. H.
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MUNOZ, ARNOLDO SANCHE		1.2 NAME	
STREET ADDRESS	1 SUR 885, 30 PISO,		1.3 STREET ADDRESS	
CITY-ST-ZIP	TALCA. CHILE		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ZAROR, CARLOS ZAROR		2.2 NAME	
STREET ADDRESS	AVENIDA SAN MIGUEL 2631. TALCA		2.3 STREET ADDRESS	
CITY-ST-ZIP	CHILE		2.4 CITY-ST-ZIP	
TITLE	DC	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SCHIFFERLI, RENE REYES		3.2 NAME	
STREET ADDRESS	MARURI 639, SANTIAGO		3.3 STREET ADDRESS	
CITY-ST-ZIP	CHILE		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	VERGARA, CARLOS SANTELI		4.2 NAME	
STREET ADDRESS	COOPERATIVA PIDUCO, CASA N239		4.3 STREET ADDRESS	
CITY-ST-ZIP	TALCA		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 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 RENÉ REYES SCHIFFERLI 3/17/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0012002