

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90164 037 ***150.00

DOCUMENT # F98000006191

1. Corporation Name

GLOBAL VINEYARD IMPORTERS, INC.

Principal Place of Business

2542 SOUTH BASCOMBE AVE.
SUITE 104
CAMPBELL CA 95008

Mailing Address

2542 SOUTH BASCOMBE AVE.
SUITE 104
CAMPBELL CA 95008

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1998

4. FEI Number

77-0440121

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2542 South Bascombe Ave

Suite, Apt. #, etc.

22 Suite 104

City & State

23 Campbell CA

Zip

24 95008

25

USA

2a. Mailing Address

26 2542 South Bascombe Ave

Suite, Apt. #, etc.

27 Suite 104

City & State

28 Campbell CA

Zip

29 95008

30

USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

TITLE ☐ DELETE

NAME P ROGERS, CURTIS

STREET ADDRESS 2151 PASEO DEL ORO

CITY-ST-ZIP SAN JOSE CA 95124

TITLE VS ☒ DELETE

NAME SCHMIDT, ROBERT

STREET ADDRESS 3524 S. BASCOM AVE N3

CITY-ST-ZIP CAMPBELL CA 95008

TITLE T ☒ DELETE

NAME SCHMIDT, STEVE

STREET ADDRESS 2542 SOUTH BASCOMBE AVE., SUITE 104

CITY-ST-ZIP CAMPBELL CA 95008

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Curtis Rogers

1.3 STREET ADDRESS 15256 Via del Sur

1.4 CITY-ST-ZIP Monte Sereno, CA 95030

2.1 TITLE Vice President ☒ Change ☒ Addition

2.2 NAME Ronni B. Rogers

2.3 STREET ADDRESS 12160 NW 7th St.

2.4 CITY-ST-ZIP Plantation FL 33325

3.1 TITLE Secretary, Treasurer ☒ Change ☒ Addition

3.2 NAME Carol Rogers

3.3 STREET ADDRESS 2255 Coronet Dr.

3.4 CITY-ST-ZIP San Jose CA 95124

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

Carol Rogers, RECA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-99 (408) 558-8080
Date Daytime Phone #

CR2E034 (1/98)