

422 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 # **G84170** (1)

1. Corporation Name

M.A.P. VINEYARDS OF PLANTATION, INC.



Principal Place of Business

Mailing Address

**% MORRIS J. WATSKY, ESQ.
700 NW 107TH AVENUE 4TH FLOOR
MIAMI FL 33172**

**% MORRIS J. WATSKY, ESQ.
700 NW 107TH AVENUE 4TH FLOOR
MIAMI FL 33172**

3. Date Incorporated or Qualified
02/07/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2377054

Applied For
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WATSKY, MORRIS J., ESQ.
700 NW 107TH AVENUE
4TH FLOOR
MIAMI FL 33172**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
CD	MILLER, LEONARD	700 N.W. 107TH AVE.	MIAMI FL	<input type="checkbox"/>
VD	BOLOTIN, IRVING	700 N.W. 107TH AVE.	MIAMI FL	<input type="checkbox"/>
VD	PEKOR, ALLAN J.	700 N.W. 107TH AVE.	MIAMI FL	<input type="checkbox"/>
VT	SALEDA, M. E.	700 N.W. 107TH AVE.	MIAMI FL	<input type="checkbox"/>
SD	COLE, ROBERT B.	700 N.W. 107TH AVE.	MIAMI FL	<input type="checkbox"/>
AS	SANTAELLA, GRACE	700 N.W. 107TH AVENUE	MIAMI FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

500001811145
-05/07/96--01089--003
*****200.00**

200001809692
-03/06/96--91943--003
*****200.00**

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 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:

Grace Santaella
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Grace Santaella

4-5-96

Date

(505)
229-6400

Daytime Phone #

CR2E034 (12/95)