

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

**FILED**  
**Mar 31, 1999 8:00 am**  
**Secretary of State**

03-31-1999 90009 016 \*\*\*150.00

0647372

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # G84170**  
 1. Corporation Name  
**M.A.P. VINEYARDS OF PLANTATION, INC.**



Principal Place of Business      Mailing Address  
~~% DAVID B. MCCAIN, ESQ.~~      % DAVID B. MCCAIN, ESQ.  
 700 NW 107TH AVENUE 4TH FLOOR      700 NW 107TH AVENUE 4TH FLOOR  
 MIAMI FL 33172      MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      2a. Mailing Address  
 21 **700 NW 107 Avenue**      26  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 22  
 City & State      City & State  
 23 **Miami FL**      28  
 Zip      Country      Zip      Country  
 24 **33172**      25 **U.S.A.**      29      30

3. Date Incorporated or Qualified  
**02/07/1984**

4. FEI Number      Applied For  
**59-2377054**      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

9. Name and Address of Current Registered Agent  
**MCCAIN, DAVID B., ESQ.**  
**700 NW 107TH AVENUE**  
**4TH FLOOR**  
**MIAMI FL 33172**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City      85 Zip Code  
**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, LEONARD	1.2 NAME	
STREET ADDRESS	700 N.W. 107TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOLOTIN, IRVING	2.2 NAME	<b>V.S. MCCAIN, DAVID B.</b>
STREET ADDRESS	700 N.W. 107TH AVE.	2.3 STREET ADDRESS	<b>700 N.W. 107 Avenue</b>
CITY-ST-ZIP	MIAMI FL 33172	2.4 CITY-ST-ZIP	<b>MIAMI FL 33172</b>
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEKOR, ALLAN J.	3.2 NAME	
STREET ADDRESS	700 N.W. 107TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALCOLM, WAYNEWRIGHT	4.2 NAME	
STREET ADDRESS	700 N.W. 107TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, STUART	5.2 NAME	<b>PD Miller, Stuart A.</b>
STREET ADDRESS	700 N.W. 107TH AVE.	5.3 STREET ADDRESS	<b>700 NW 107 Avenue</b>
CITY-ST-ZIP	MIAMI FL 33172	5.4 CITY-ST-ZIP	<b>MIAMI FL 33172</b>
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTAELLA, GRACE	6.2 NAME	
STREET ADDRESS	700 N.W. 107TH AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	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: \_\_\_\_\_ **SIGNATURE REQUIRED**      1/21/99      305 229 6400  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
**DAVID B. MCCAIN**      **VICE PRESIDENT**

CR2F034 (11/98)