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

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L90004

L'AIGLON WINE AND SPIRITS IMPORT CO., INC.

Principal Place of Business Mailing Address 10700 SW 88TH ST 10700 SW 88TH ST SUITE 208 SUITE 208 MIAMI FL 33178-1483 MIAMI FL 33176 3a. Date of Last Report 3. Date Incorporated or Qualified 07/27/1990 01/30/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 13-3183532 21. 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zφ Country This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent В1 Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) 82 **PLANTATION FL 33324** 83 84 City 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 Flonda. 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 penied name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. DELETE Change Addition 1.1 1071.6 TITLE GOLDBERG, BERNARD 1.2 NAME NAME 3000 ISLAND BLVD. #PH-1 1.3 STREET ADDRESS STREET ADDRESS WILLIAMS ISLAND FL 14 CITY-ST-ZIP CITY - S1 - ZIF Addition DELETE Change 21 TITLE THE 2.2 NAMÉ NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST- ZIP CITY-ST-ZIF DELETE Change ___ Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY · ST - ZIP DELETE Change Addition 4.1 TITLE THILE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CHTY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE Title 6.2 NAME NAM: STREET ADDPLSS 6.3 STREET ADDRESS

64 CITY - ST-ZIP 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

SIGNATURE:

appears in Block 12 or Block 13 it changed.

CITY-S1-ZIP

FILED

Feb 03 1997 8:00am

Secretary of State