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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northerm Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L99561 (7)
1. Corporation Name LA CASA DE LOS VINOS, INC.

Principal Place of Business 1036 SW 1 ST MIAMI FL 33130	Mailing Address 1036 SW 1 ST MIAMI FL 33130 US
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DO NOT WRITE IN THIS SPACE

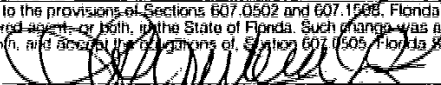
3. Date Incorporated or Qualified 09/13/1990	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0219237	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
5. This corporation has liability for intangible tax under Ch. 199.002, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business 21 1036 S.W. 1 ST. Suite, Apt. #, etc. 22 City & State 23 MIAMI FLA. 24 33130 25 US.	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 29 30
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9. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICE CANTERA ASSOC INC. 1036 SW 1 ST MIAMI FL 33130
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10. Name and Address of New Registered Agent 81 Name FLORIDA ANNUAL REPORT SERVICES INC. 82 Street Address (P.O. Box Number is Not Acceptable) 1036 S.W. 1 ST. 83 84 City MIAMI FL 85 Zip Code 33130
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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 provisions of, Section 607.1505, Florida Statutes.

SIGNATURE  AMADA C. LOPEZ, PRES 4/95
NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD NAME GRAU, ABDON STREET ADDRESS 3800 GRANADA BLVD CITY, ST, ZIP CORAL GABLES FL	1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP
TITLE NAME STREET ADDRESS CITY, ST, ZIP	2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP
TITLE NAME STREET ADDRESS CITY, ST, ZIP	3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP
TITLE NAME STREET ADDRESS CITY, ST, ZIP	4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP
TITLE NAME STREET ADDRESS CITY, ST, ZIP	5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP
TITLE NAME STREET ADDRESS CITY, ST, ZIP	6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP

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)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 liquidator 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: X  4/95
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR
ABDON GRAU PRES