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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 AM 9:31

DOCUMENT # M54484 (4)

1. Corporation Name
VINOS USA, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1055-57 SW 30TH AVE. DEERFIELD BEACH FL 33442	1055-57 SW 30TH AVE. DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified: 06/24/1987
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business
21: 102 N. MAIN ST #1
22 Suite, Apt. #, etc.: WAYNESVILLE, NC
23 City & State:
24 Zip: 28786 25 Country: USA

2a. Mailing Address
26: 102 N. MAIN ST #1
27 Suite, Apt. #, etc.: WAYNESVILLE,
28 City & State: NC
29 Zip: 28786 30 Country: USA

4. FEI Number: 65-0024481 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FERNANDEZ, SUZANNE C.
904 N.E. 2ND ST.
BOCA RATON FL 33432

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	1.1 TITLE ☐ Change ☐ Addition
NAME	FERNANDEZ, SUZANNE C.	1.2 NAME
STREET ADDRESS	904 N.E. 2 ST.	1.3 STREET ADDRESS
CITY-ST-ZIP	BOCA RATON FL 33432	1.4 CITY-ST-ZIP
TITLE	ST	2.1 TITLE ☐ Change ☐ Addition
NAME	FERNANDEZ, RICARDO J.	2.2 NAME
STREET ADDRESS	904 N.E. 2ND ST.	2.3 STREET ADDRESS
CITY-ST-ZIP	BOCA RATON FL 33432	2.4 CITY-ST-ZIP
TITLE		3.1 TITLE ☐ Change ☐ Addition
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE		4.1 TITLE ☐ Change ☐ Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE ☐ Change ☐ Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE ☐ Change ☐ Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		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)(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.

SIGNATURE: Suzanne Fernandez 1/18/95 (704) 452-3060
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone Number

0437081 FP