

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 # **M54484** (4)
1. Corporation Name
VINOS USA, INC.



Principal Place of Business: **102 N MAIN STREET #1 WAYNESVILLE NC 28786 US**
Mailing Address: **102 N MAIN ST #1 WAYNESVILLE NC 28786 US**

3. Date Incorporated or Qualified: **06/24/1987**
3a. Date of Last Report: **01/24/1995**
4. FEI Number: **65-0024481**
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

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 (81-85) fields: Name, Street Address, City, State (FL), 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: FERNANDEZ, SUZANNE C.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 904 N.E. 2 ST.	CITY-ST-ZIP: BOCA RATON FL 33432	1.2 NAME	
TITLE: ST	NAME: FERNANDEZ, RICARDO J.	1.3 STREET ADDRESS	
STREET ADDRESS: 904 N.E. 2ND ST.	CITY-ST-ZIP: BOCA RATON FL 33432	1.4 CITY-ST-ZIP	
TITLE: [] DELETE	NAME: [] DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: [] DELETE	CITY-ST-ZIP: [] DELETE	2.2 NAME	
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TITLE: [] DELETE	NAME: [] DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: [] DELETE	CITY-ST-ZIP: [] DELETE	3.2 NAME	
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STREET ADDRESS: [] DELETE	CITY-ST-ZIP: [] DELETE	4.4 CITY-ST-ZIP	
TITLE: [] DELETE	NAME: [] DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: [] DELETE	NAME: [] DELETE	5.3 STREET ADDRESS	
STREET ADDRESS: [] DELETE	CITY-ST-ZIP: [] DELETE	5.4 CITY-ST-ZIP	
TITLE: [] DELETE	NAME: [] DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: [] DELETE	CITY-ST-ZIP: [] DELETE	6.2 NAME	
TITLE: [] DELETE	NAME: [] DELETE	6.3 STREET ADDRESS	
STREET ADDRESS: [] DELETE	CITY-ST-ZIP: [] DELETE	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)(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 if at my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Suzanne Fernandez* 4/26/96 704 452-3060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (12/95)