

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M54484 (4)
1. Corporation Name VINOS USA, INC.

97 JUL 25 AM 11:35

SECRETARY OF STATE



Principal Place of Business 102 N MAIN STREET #1 WAYNESVILLE NC 28786 US	Mailing Address 102 N MAIN ST #1 WAYNESVILLE NC 28786 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

3. Date Incorporated or Qualified 06/24/1987	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0024481	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P FERNANDEZ, SUZANNE C. <input type="checkbox"/> DELETE
NAME	904 N.E. 2 ST.
STREET ADDRESS	BOCA RATON FL 33432
CITY-ST-ZIP	
TITLE	ST FERNANDEZ, RICARDO J. <input type="checkbox"/> DELETE
NAME	904 N.E. 2ND ST.
STREET ADDRESS	BOCA RATON FL 33432
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	900002252529--0
2.3 STREET ADDRESS	-07/30/97--01066--024
2.4 CITY-ST-ZIP	***330.00 ***165.00
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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: _____

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Vinos
USA Inc.



IMPORTERS OF FINE ARGENTINE WINES
102 North Main Street, Suite # 1
Waynesville, NC 28786-3810
Tel: (704) 452-3060 Fax: (704) 456-4352

July 24, 1997

Annual Reports Filings
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Dear Sir:

I have just recieved a second notice for filing our annual reports for the enclosed corporations Vinos USA Inc Doc# M54484 and Triworld Inc. Doc #629344.

I spoke with your office today and explained that I sent the reports and a check in the amount of \$330.00 on February 24th 1997.

I have checked with my bank and the check # 1409 has not cleared the account. This report and check must be lost and I am sending the new check for \$330.00 along with our reports for filing.

Please call me if there is anything more you need.

Thank you,

Sincerely,

Suzanne Fernandez