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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

M54484

(4)

VINOS USA, INC.

FILED Mar 26 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address		- 1 16018 111.001 (0)1011 (0)1011 (0)1011 (0)1011	ati aldır ararı gravı aratı alası sdar
102 N MAIN STREET 102 N MAIN ST #1					
#1		WAYNESVILLE NC 28786		DO NOT WRITE IN	TUIC COACE
WAYNESVILLE   US	: NC 28786	US		3. Date Incorporated or Qualified	THIS SPACE
				06/24/1987	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	Montgomery St.		comery St	65-0024481	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	inesville NC.	28 WAYNESUI	lle N.C.	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	ZBOOLO	Country, 2011	8. This corporation owes or has paid	the current year Intangible
242878	SG 25 USA	29 28486	$\frac{1}{20}$ USH	Personal Property Tax due June 30	). Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Regis	tered Agent
FERNANDEZ, SUZANNE C. 8					
904	I N.E. 2ND ST.		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
BO	CA RATON FL 33432				
			83		
			84 City		FL 85 Zip Code
11 Purcuant	to the provisions of Sections 607 0502	and 607 1509. Elorida Statute	e the above named corn	poration submits this statement for the pur	
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. Lam lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature typed or printed name of ingulared ages	and tale if applicable (NOTE)	Registered Agent signature require	ad when reinstation)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	Р	DELETE	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		Ì
TITLE	ST	DELETE	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		☐ DELETE	3 1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		L_] DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Drugge.	5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME !			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	portification the information distributions	h thur filing does not evolity for	6.4 CITY-ST-ZIP	Section 110 07/3Vi) Florida Statutos 15	than partify that the information
14. I 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 of supplemental annual report is titue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an					
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 corpodition or the receiver or trustee employment 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					