

5-15-97 B-71341 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P12186** (3)

1. Corporation Name
BUENA VISTA WINERY, INC.

Principal Place of Business 27000 RAMAL ROAD SONOMA CA 95476 US	Mailing Address P.O. BOX 182 SONOMA CA 95476-0182 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/18/1986	3a. Date of Last Report 04/10/1996
21		26		4. FEI Number 94-1656704	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

9. Name and Address of Current Registered Agent

**MEYER, ARTHUR E.
4404 CYNTHIA LANE
SPRING HILL FL 33526**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARSLEY, HARRY R	1.2 NAME	
STREET ADDRESS	24500 RAMAL RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SONOMA CA	1.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASPER, PETER	2.2 NAME	
STREET ADDRESS	12480 WOLF RUN ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN ELLEN CA	2.4 CITY-ST-ZIP	
TITLE	SV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DWORAK, MARJORIE JEANNE	3.2 NAME	
STREET ADDRESS	1987 WILKINS COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPA CA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERKELBACH, HARTMUT	4.2 NAME	
STREET ADDRESS	ELISENHOEHE 52	4.3 STREET ADDRESS	
CITY-ST-ZIP	55411 BINGEN/RHEIN GE	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EBERHARD CADENBACH	5.2 NAME	
STREET ADDRESS	SCHOENBERGER STRASSE	5.3 STREET ADDRESS	
CITY-ST-ZIP	33619 BIGLEFELD GE	5.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLLER-RACKE, MARCUS	6.2 NAME	
STREET ADDRESS	WALDSTR. 21	6.3 STREET ADDRESS	
CITY-ST-ZIP	55411 BINGEN/RHEIN GE	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:  **SIGNATURE REQUIRED 4/29/97** (707) 252-7117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)