


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

FILED

Jan 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
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 US		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/18/1986	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCED <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	1967 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	ELISENHOFHE 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 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]*

1-8-98

(707) 252-7117

CR2E034 (10/97)