

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90005 039 ***158.75

DOCUMENT # **P12186**

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

3. Date Incorporated or Qualified
11/18/1986

4. FEI Number
94-1656704

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

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

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 PCEO ☐ DELETE
NAME PARSLEY, HARRY R
STREET ADDRESS 24500 RAMAL RD
CITY-ST-ZIP SONOMA CA

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VT ☐ DELETE
NAME KASPER, PETER
STREET ADDRESS 12480 WOLF RUN ROAD
CITY-ST-ZIP GLEN ELLEN CA

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SV ☒ DELETE
NAME DWORAK, MARJORIE JEANNE
STREET ADDRESS 1967 WILKINS COURT
CITY-ST-ZIP NAPA CA

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Corporate Secretary
3.3 STREET ADDRESS Schue, Juliet L.
3.4 CITY-ST-ZIP 889 Verano Avenue (P.O. Box 134)
Sonoma, CA

TITLE D ☐ DELETE
NAME MERKELBACH, HARTMUT
STREET ADDRESS ELISENHOEHE 52
CITY-ST-ZIP 55411 BINGEN/RHEIN GE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME EBERHARD CADENBACH
STREET ADDRESS SCHOENBERGER STRASSE
CITY-ST-ZIP 33619 BIGLEFELD GE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE CD ☐ DELETE
NAME MOLLER-RACKE, MARCUS
STREET ADDRESS WALDSTR. 21
CITY-ST-ZIP 55411 BINGEN/RHEIN GE

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/99
Date

(707) 252-7117
Daytime Phone #

CR2E034 (11/98)