

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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morgham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P17129 (8)
 1. Corporation Name
CANNON WINES LIMITED CO.

FILED
 97 JUL 30 AM 7:34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
1275 COLUMBUS AVE. SAN FRANCISCO CA 94133

Mailing Address
1275 COLUMBUS AVE. SAN FRANCISCO CA 94133-1323

3. Date Incorporated or Qualified **12/09/1987** 3a. Date of Last Report **04/29/1996**

4. FEI Number **94-2547459** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
 21 **350 Sansome St. #1010**
 Suite, Apt. #, etc.
 22 **San Francisco, CA 94104**
 City & State

2a. Mailing Address
 26 **350 Sansome ST. #1010**
 Suite, Apt. #, etc.
 27 **San Francisco, CA 94104**
 City & State

23 Zip Country 28 Zip Country 29 30

9. Name and Address of Current Registered Agent
CALLAHAN, JOHN P.
13704 CHESTERSALL DRIVE
TAMPA FL 33624

10. Name and Address of New Registered Agent
 81 Name **ROBERTO ESTRADA KEN LAPHAM**
 82 Street Address (P.O. Box Number is Not Acceptable)
~~XXXXXXXXXXXX~~ **2418 MARATHON LANE**
~~XXXXXXXXXXXX~~ **FT. LAUDERDALE**
 84 City **FL** 85 Zip Code **33312-4610**

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]* **XXXXXXXXXXXX Kenneth H. Lapham 4-22-97**
 Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when installing) DATE

12. OFFICERS AND DIRECTORS

TITLE	G	<input checked="" type="checkbox"/> DELETE
NAME	PALOMBO, ARTHUR J.	
STREET ADDRESS	101 S MEADOW DR.	
CITY-ST-ZIP	STATELINE NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GASPERI, RENATA	
STREET ADDRESS	2450 UNION ST	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HU, LEO	
STREET ADDRESS	1275 COLUMBUS AVE	
CITY-ST-ZIP	SAN FRANCISCO CA	
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	CHAIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MAHAGUNA, VORAPOL	
1.3 STREET ADDRESS	245 MARINA BLVD.	
1.4 CITY-ST-ZIP	SAN FRANCISCO, CA 94133	
2.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MYERS, EARL	
2.3 STREET ADDRESS	70 TERRACE WALK	
2.4 CITY-ST-ZIP	BERKLEY, CA	
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		

no 8/1

\$165.000R

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]* **XXXXXXXXXXXX RENATA GASPERI** (415) 294 6454

CR2E034 (9/96)