FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P20417 (2)

1. Corporation Name

MAZZOCCO VINEYARDS, INC.

Principal Place of Business	Mailing Address
1400 LYTTON SPRINGS RFOAD HEALDSBURG CA 95448	1400 LYTTON SPRINGS RFOAD HEALDSBURG CA 95448

3. Date Incorporated or Qualified: 08/09/1988
3a. Date of Last Report: 02/07/1995
4. FEI Number: 95-4029694 — 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 ______
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26 ______
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

~~TRANS ATLANTIC~~
~~7310 N.W. 79TH TERRACE~~
~~MEDLEY FL 33166~~

10. Name and Address of New Registered Agent

81 Name: TROPICAL DISTRIBUTING
82 Street Address (P.O. Box Number is Not Acceptable): 3000-6 N.W. 25TH AVENUE
83
84 City: POMPANO 85 FL Zip Code: 33069

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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] JAY LADUKE, TROPICAL DISTRIBUTING 2-14-96

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MAZZOCCO, THOMAS R.	
STREET ADDRESS	1400 LYTTON SPRINGS RD.	
CITY-ST-ZIP	HEALDSBURG CA	
TITLE	VD	☐ DELETE
NAME	MAZZOCCO, YVONNE H.	
STREET ADDRESS	1400 LYTTON SPRINGS RD.	
CITY-ST-ZIP	HEALDSBURG CA	
TITLE	ST	☐ DELETE
NAME	OLSON, JANET	
STREET ADDRESS	15225 VANOWEN #101	
CITY-ST-ZIP	VAN NUYS CA	
TITLE	AS	☐ DELETE
NAME	CLAYTON, NANCY	
STREET ADDRESS	26590 RIVER ROAD	
CITY-ST-ZIP	CLOVERDALE CA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and 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 supplement if 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] 2-14-96 (800) 788-0212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
NANCY CLAYTON - ASST. SECRETARY

CR2E034 (12/95)