

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

**FILED**

**Feb 03 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P29678**  
1. Corporation Name  
**Skalli Corporation**

Principal Place of Business: **8440 St. Helena Hwy Rutherford, CA 94573**  
Mailing Address: **P.O. Box 38 Rutherford, CA 94573**

3. Date Incorporated or Qualified: **06/16/82**      3a. Date of Last Report

4. FEI Number: **94-2830523**      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: **8440 St. Helena Hwy. Rutherford, CA**  
2a. Mailing Address: **P.O. Box 38 Rutherford, CA**

21. Suite, Apt. #, etc.: **Rutherford, CA**  
26. Suite, Apt. #, etc.: **Rutherford, CA**

22. City & State: **Rutherford, CA**  
27. City & State: **Rutherford, CA**

23. Zip: **94573**      Country: **USA**  
28. Zip: **94573**      Country: **USA**

9. Name and Address of Current Registered Agent  
**The Prentice-Hall Corporation System, Inc.  
110 North Magnolia St.  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>President</b> <input type="checkbox"/> DELETE
NAME	<b>Robert Skalli</b>
STREET ADDRESS	<b>912 Route de Montpellier</b>
CITY - ST - ZIP	<b>34200 Sete, France</b>
TITLE	<b>Vice Pres./Treasurer</b> <input type="checkbox"/> DELETE
NAME	<b>Albert Skalli</b>
STREET ADDRESS	<b>143 Route des 3 LUCS</b>
CITY - ST - ZIP	<b>13012 Marseille, France</b>
TITLE	<b>Vice Pres./Secretary</b> <input type="checkbox"/> DELETE
NAME	<b>Bernard Skalli</b>
STREET ADDRESS	<b>145 Avenue de Malakoff</b>
CITY - ST - ZIP	<b>75116 Paris, France</b>
TITLE	<b>Exec. Vice President</b> <input type="checkbox"/> DELETE
NAME	<b>Michaela Rodeno</b>
STREET ADDRESS	<b>7878 Money Road</b>
CITY - ST - ZIP	<b>Napa, CA 94538</b>
TITLE	<b>Assistant Secretary</b> <input type="checkbox"/> DELETE
NAME	<b>Donna J. Brown</b>
STREET ADDRESS	<b>1732 E. Madison St.</b>
CITY - ST - ZIP	<b>Petaluma, CA 94954</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	

**400002075594**  
**-02/03/97--01023--053**  
**\*\*\*165.00**

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: *Donna J. Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Donna J. Brown Assistant Secretary**

Date: **01/29/97**      Daytime Phone #: **707-963-4507**

CR2E034 (9/96)