

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 # P37213 (6)

1. Corporation Name

AMERICAN WINE TRADE, INC.



Principal Place of Business

1420 NW GILMAN BLVD. #2573
2C4
ISSAQUAH WA 98027-7700
US

Mailing Address

1420 NW GILMAN BLVD
#2573
ISSAQUAH WA 98027-7001
US

3. Date Incorporated or Qualified

01/24/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

91-1433596

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

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

GEORGE CHOTAS & ASSOCIATES/HARRY PETRIDES
909 RED FOX RD.
ALTAMONTE SPRINGS FL 32714

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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME HANZON, MATS
STREET ADDRESS BIBLITEKSGATAN12 103 86
CITY-ST-ZIP STOCKHOLM, SWEDEN

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME PDV
STREET ADDRESS HEDGES, TOM
CITY-ST-ZIP 4625 241ST AVE SE
ISSAQUAH WA

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME SDT
STREET ADDRESS HEDGES, ANNE-MARIE
CITY-ST-ZIP 4625 241ST AVE SE
ISSAQUAH WA

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

42 NAME

TITLE ☐ DELETE

43 STREET ADDRESS

TITLE ☐ DELETE

44 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

52 NAME

TITLE ☐ DELETE

53 STREET ADDRESS

TITLE ☐ DELETE

54 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

62 NAME

TITLE ☐ DELETE

63 STREET ADDRESS

TITLE ☐ DELETE

64 CITY-ST-ZIP

TITLE ☐ DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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; 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 my attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tom J. Hedges

1/29/96 (206) 391-6056

CR2E034 (12/95)