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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
1420 NW GILMAN BLVD. #2573 204 ISSAQUAH WA 98027-7700 US	1420 NW GILMAN BLVD #2573 ISSAQUAH WA 98027-5333 US

3. Date Incorporated or Qualified: 01/24/1992
3a. Date of Last Report: 02/05/1996

2. Principal Place of Business — 21: Suite, Apt. #, etc. — 22: City & State — 23: Zip — 24: Country — 25:

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

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

9. **Name and Address of Current Registered Agent**
GEORGE CHOTAS & ASSOCIATES/HARRY PETRIDES
909 RED FOX RD.
ALTAMONTE SPRINGS FL 32714

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 (Required if this is a change of registered agent and box 10 applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HANZON, MATS		1.2 NAME	
STREET ADDRESS	BIBLIOTEKSGATAN12 103 86		1.3 STREET ADDRESS	
CITY-ST-ZIP	STOCKHOLM, SWEDEN		1.4 CITY-ST-ZIP	
TITLE	PDV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HEDGES, TOM		2.2 NAME	
STREET ADDRESS	4625 241ST AVE SE		2.3 STREET ADDRESS	
CITY-ST-ZIP	ISSAQUAH WA		2.4 CITY-ST-ZIP	
TITLE	SDT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HEDGES, ANNE-MARIE		3.2 NAME	
STREET ADDRESS	4625 241ST AVE SE		3.3 STREET ADDRESS	
CITY-ST-ZIP	ISSAQUAH WA		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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] Treasurer 3/17/97 391-9060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0509202