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FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P37213** (6)
1. Corporation Name
AMERICAN WINE TRADE, INC.

Principal Place of Business 1420 NW GILMAN BLVD. #2573 204 ISSAQUAH WA 98027-7700 US	Mailing Address 1420 NW GILMAN BLVD #2573 ISSAQUAH WA 98027-7001 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 145 NE Gilman Blvd. Suite, Apt. #, etc. 22 City & State 23 Issaquah, WA Zip Country 24 98027 USA	2a. Mailing Address 26 145 NE Gilman Blvd. Suite, Apt. #, etc. 27 City & State 28 Issaquah, WA Zip Country 29 98027 USA
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3. Date Incorporated or Qualified 01/24/1992	4. FEI Number 91-1433596	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

8. 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 Liquid Assets of FL Unlimited/David Levine, Pres. 82 Street Address (P.O. Box Number is Not Acceptable) 8563 NW 52nd Place 83 84 City Coral Springs 85 Zip Code FL 33067
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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 **David Levine**

DATE **4/1/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HANZON, MATS BIBLIOTEKSGATAN 12 103 88 STOCKHOLM, SWEDEN	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDV HEDGES, TOM 4825 241ST AVE SE ISSAQUAH WA	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SDT HEDGES, ANNE-MARIE 4825 241ST AVE SE ISSAQUAH WA	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. I 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 **David Levine** **4/1/98 (425) 791-6056**

CR2E034 (10/97)