FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P38597** **(1)**

1. Corporation Name
ANGELINI WINE, LTD. INC.

Principal Place of Business	Mailing Address
105 HUNTINGTON ST NEW LONDON CT 06320 US	105 HUNTINGTON ST NEW LONDON CT 06320 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1992
3a. Date of Last Report: 04/08/1994

2. Principal Place of Business	2a. Mailing Address
21 565 Colman St.	26 565 Colman St.
Suite, Apt. #, etc. 22 Rear Suite	Suite, Apt. #, etc. 27 Rear Suite
City & State 23 New London, CT	City & State 28 New London, CT
Zip / Country 24 06320 / 25 U.S.A.	Zip / Country 29 06320 / 30 U.S.A

4. FEI Number: 06-1177773 ☐ 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	10. Name and Address of New Registered Agent
KOHL INTERNATIONAL INC. 3801 SW 47 AVE. SUITE 506 FT. LAUDERDALE FL 33329	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	11 TITLE	☐ Change ☐ Addition
NAME	ANGELINI, JULIUS A.	12 NAME	
STREET ADDRESS	789 OCEAN AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	NEW LONDON CT	14 CITY-ST-ZIP	
TITLE	DVC	21 TITLE	☐ Change ☐ Addition
NAME	ANGELINI, PAUL V.	22 NAME	
STREET ADDRESS	789 OCEAN AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	NEW LONDON CT	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	PLEBISCITO, RONALD E.	32 NAME	
STREET ADDRESS	12J LAKESIDE DR.	33 STREET ADDRESS	
CITY-ST-ZIP	LEDYARD CT	34 CITY-ST-ZIP	
TITLE	VPT	41 TITLE	☐ Change ☐ Addition
NAME	ANGELINI, PAUL V.	42 NAME	
STREET ADDRESS	789 OCEAN AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	NEW LONDON CT	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	PLEBISCITO, RONALD E.	52 NAME	
STREET ADDRESS	12J LAKESIDE DR.	53 STREET ADDRESS	
CITY-ST-ZIP	LEDYARD CT	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: Ronald E. Plebisito Ronald E. Plebisito 4/27/95 (203) 444-7888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0483918 FN