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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 PM 9:43

DOCUMENT # **P93000014040 (8)**

1. Corporation Name
AUGUSTAN WINE IMPORTS, INC.

Principal Place of Business	Mailing Address
200 LESLIE DR STE. 214 HALLANDALE FL 33009 US	200 LESLIE DR. STE. 214 HALLANDALE FL 33009 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/20/1993
3a. Date of Last Report: 07/20/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0394704 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GORDON, LAWRENCE S
44 W. FLAGLER ST.
SUITE 1000
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name: GORDON, LAWRENCE S
82 Street Address (P.O. Box Number is Not Acceptable): 1 SE 3rd Avenue Suite 2110
83
84 City: MIAMI FL 85 Zip Code: 33131

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	D	11 TITLE	☒ Change ☐ Addition: D
NAME	PERRY, PROAL	12 NAME	PERRY, PROAL
STREET ADDRESS	2545 S. BAYSHORE DR., APT. 208	13 STREET ADDRESS	200 LESLIE DRIVE #214
CITY-ST-ZIP	COCONUT GROVE FL 33133	14 CITY-ST-ZIP	HALLANDALE, FL. 33009
TITLE	P	21 TITLE	☒ Change ☐ Addition: P
NAME	FIELDS-PERRY, CONSTANCE	22 NAME	MIELDS-PERRY, CONSTANCE
STREET ADDRESS	200 LESLIE DR., #214	23 STREET ADDRESS	200 LESLIE DR. #214
CITY-ST-ZIP	HALLANDALE FL	24 CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		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: Constance Mields-Perry CONSTANCE MIELDS-PERRY (305)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title: PRESIDENT — 5/28/95 — Daytime Phone # 456-8687

007V01B CP