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FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000014040 (8)

1. Corporation Name
AUGUSTAN WINE IMPORTS, INC.



Principal Place of Business

200 LESLIE DR
STE. 214
HALLANDALE FL 33009
US

Mailing Address

200 LESLIE DR.
STE. 214
HALLANDALE FL 33009-7312
US

2. Principal Place of Business

21 1928 TIGER TAIL BLDG

Suite, Apt. #, etc.

22 BLDG #12

City & State

23 DANIA, FL

Zip

24 33004

Country

25 USA

2a. Mailing Address

26 200 LESLIE DR.

Suite, Apt. #, etc.

27 #609

City & State

28 HALLANDALE, FL

Zip

29 33009

Country

30 USA

3. Date Incorporated or Qualified

02/20/1993

3a. Date of Last Report

03/12/1996

4. FEI Number

65-0394704

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

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

GORDON, LAWRENCE S
1 SE 3RD AVENUE
SUITE 2110
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

SAM D. NORTON, ESQ.

82 Street Address (P.O. Box Number is Not Acceptable)

SARASOTA CITY CENTER

83 1819 MAIN ST. SUITE 610

84 City

SARASOTA

FL

85 Zip Code

34236

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)

SAM D. NORTON

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-97

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CONSTANCE MIELDS-PERRY 4/21/97

CR2E034 (9/96)