

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000040655 (9)

1. Corporation Name

LA HERMANDAD DEL VINO, CORP.



Principal Place of Business

1313 PONCE DE LEON BLVD.
SUITE 201
CORAL GABLES FL 33134

Mailing Address

1313 PONCE DE LEON BLVD.
SUITE 201
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

05/23/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2333 Ponce de Leon Blvd.

26 2333 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite # 650

27 Suite # 650

City & State

City & State

23 Coral Gables, Fla.

28 Coral Gables, Fla.

Zip

Zip

Country

Country

24 33134

25 U.S.A.

29 33134

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROIG, PEDRO V
1313 PONCE DE LEON BLVD.
SUITE 201
CORAL GABLES FL 33134

81 Name

FRANCISCO E. BLANCO

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

2333 Ponce de Leon Blvd.

83 Suite # 650

84 City

Coral Gables

FL

85 Zip Code

33134

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]
Signature (typed or printed name of registered agent and title, if applicable)

secretary

(NOTE: Registered Agent signature required when reinstating)

4/20/96 -
DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ROIG, PEDRO V
STREET ADDRESS 1313 PONCE DE LEON BLVD., #201
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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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

100001838261
-05/24/96--01031--009
***200.00

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)(k), 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: X

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)