


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

97 AUG -4 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P95000050181 (3)

1. Corporation Name
CHAMBRAIR U.S.A., INC.

Principal Place of Business
208 JEFFERSON AVE. SUITE 113
MIAMI BEACH FL 33139

Mailing Address
208 JEFFERSON AVE. SUITE 113
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|---|--|---|---------------------------------------|
| 2. Principal Place of Business 21 4100 2nd Avenue A Suite, Apt. #, etc. 22 102 City & State 23 Miami FL Zip 24 33137 | | 2a. Mailing Address 25 SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 | | 3. Date Incorporated or Qualified 06/23/1995 | 3a. Date of Last Report 05/01/1996 |
| | | | | 4. FEI Number APPLIED FOR 65-0598600 | Applied For 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 type="checkbox"/> No | |

| | | | |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent REINHART, MICHAEL L 7350 TALONA DRIVE SUITE B MELBOURNE FL 32904 | | 10. Name and Address of New Registered Agent 81 Name MICHAEL REINHART 82 Street Address (P.O. Box Number is Not Acceptable) 208 Jefferson Ave # 113 83 84 City Miami Beach FL 85 Zip Code 33139 | |
|--|--|--|--|

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 07-18-97
(NOTE: Registered Agent signature required when reinstating)

| | | | |
|----------------------------|------------------------------|---|-----------------------|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | NAME | 1.1 TITLE | 1.2 NAME |
| STREET ADDRESS | 208 JEFFERSON AVE, SUITE 113 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | 1.4 CITY-ST-ZIP | |
| TITLE | NAME | 2.1 TITLE | 2.2 NAME |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | NAME | 3.1 TITLE | 3.2 NAME |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 200002261872--0 |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | -08/08/97--01099--016 |
| TITLE | NAME | 4.1 TITLE | 4.2 NAME |
| STREET ADDRESS | | 4.3 STREET ADDRESS | ****165.00 ****165.00 |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | NAME | 5.1 TITLE | 5.2 NAME |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | NAME | 6.1 TITLE | 6.2 NAME |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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.

CR2E034 (4/97)

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CHAMBRAIR USA INC.
4100 N.E. 2nd AVENUE, SUITE 102
MIAMI, FLORIDA 33137, USA
PHONE: 1-305-573 51 -20
FAX: 1-305-573 51 -21
e-mail : germoak@fla.net

To whom it may concern :

As agreed previously over the phone with one of your officers I have enclosed the amount of \$165,00

I have never received a first notice in the mail. It must have been lost in the mail. Please accept my enclosed fee since I can not afford a fee of \$550,00 . For your attention my business has moved to above new address.

Your help is much appreciated. If you have any questions, please call me on above numbers.

Thanks and best regards,



The Wine Care System

CHAMBRAIR USA Inc.
4100 NE 2nd Avenue #102

Michael K. Korb
President
Miami, Florida 33137
Phone: (305) 573-5110
Fax: (305) 573-5121