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FILED
May 12 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 # P96000073059 (3)

1. Corporation Name

EXPORT BODEGAS, INC.



Principal Place of Business

C/O 999 PONCE DE LEON BLVD. #1015
CORAL GABLES FL 33134

Mailing Address

C/O 999 PONCE DE LEON BLVD. #1015
CORAL GABLES FL 33134

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 8592 N.W. 70 ST.
Suite, Apt. #, etc.

27 City & State

28 MIAMI, FL. 33166
Zip Country

3. Date Incorporated or Qualified

09/04/1996

3a. Date of Last Report

4. FEI Number

65-0698316

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE
NAME TRONCOSO L., MARCOS J
STREET ADDRESS 999 PONCE DE LEON BLVD. #1015
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE PD ☐ DELETE
NAME RODRIGUEZ, JOSE G
STREET ADDRESS 999 PONCE DE LEON BLVD. #1015
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE TD ☐ DELETE
NAME MATOS, RAMON C
STREET ADDRESS 999 PONCE DE LEON BLVD. #1015
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE V ☐ DELETE
NAME BASALO, GABRIEL R
STREET ADDRESS 999 PONCE DE LEON BLVD. #1015
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE SAME ☒ Change ☐ Addition
3.2 NAME RAMON CACERES
3.3 STREET ADDRESS SAME
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 registered agent 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, changed, or on an attachment with an address.

TEL: 305-715-7100

SIGNATURE

RAMON CACERES/OFFICER DIRECTOR 4/28/97

CR2E034 (9/96)