DOCUMENT # P96000099256

USA WINES & FOOD, INC.						
Principal Place of Business	Mailing Address					
102 NE 22 ST MIAMI FL 33137 US	102 NE 22 ST MIAMI FL 33137 US					
2. Principal Place of Business	3. Mailing Address	· · · · · · · · · · · · · · · · · · ·				
Suite, Apt. #, etc.	Suite, Apt. #, etc.					
City & State	City & State					

## **FILED** Feb 01, 2001 8:00 am Secretary of State 02-01-2001 90020 020 \*\*\*150.00

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City & State    City & State   City & State   City & State   Section   Secti	2. Principal Place of Business 3. Mailing Address									)   <b>                                  </b>		
Post   Part	Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
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PEZZATINI, DANTE 102 NE 22 ST MIAMI FL 33137  8. The above named entity suomits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE Syndam, type of petited varie of registered spent and the represent registered agent, or both, in the State of Florida.  SIGNATURE Syndam, type of petited varie of registered spent and the represent registered agent, or both, in the State of Florida.  SIGNATURE Syndam, type of petited varie of registered spent and the registered agent, or both, in the State of Florida.  SIGNATURE Syndam, type of petited varie of registered spent agent and the registered agent, or both, in the State of Florida.  SIGNATURE Syndam, type of petited varie of registered spent agent and the registered agent, or both, in the State of Florida.  SIGNATURE Syndam, type of petited varie of registered spent agent and the registered agent, or both, in the State of Florida.  SIGNATURE Syndam, type of petited varies of registered agent, or both, in the State of Florida.  OI // Jo //	Zip	Country	Zip	Coun	try	5	. Certificate	of Status Desired		<b>\$8.75</b> Ad	ditional	1
PEZZATINI, DANTE 102 NE 22 ST MIAMI FL 33137  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida.    City MIAMI   FL   Zip Code 33137	6. Nam	e and Address of Current R	legistered Agent				· · · · · · · · · · · · · · · · · · ·					
STOPP   Addition   STOPP   Addition   STOPP   Addition   STOPP   Addition   STOPP   Addition   STOPP   Addition   Addit					None							
### And FL 33137  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floridae.    Signature	Pezzatini, da	NTE										┨
### And FL 33137  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floridae.    Signature	102 NE 22 ST			Street Addre		aaress (P.C <b>2</b> NE	IS (P.O. Box Number is Not Acceptable)					
SIGNATURE Signature, typed or printed name of regulatered agent and the if explicative  9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  (See criteria on back)  PSTD PEZZATINI, DANTE M 102 NE 22 ST MIAMI FL 33137  TITLE NAME SIRRET ADDRESS CITY-ST-2P  TITLE NAME SIRRET ADDRESS CITY	MIAMI FL 3313	7						425 1 14	•			1
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Tax filing requirement and elects to do so. (See criteria on back)   After MAY 1, 2001   Fee will be \$550.00   Trust Fund Contribution.   \$5.00 May Be Added to Fees Added		d or printed name of registered agent an	d title if applicable. (NOTE	Registered	l Agent signat	ure required whe	n reinstating)		DATE		<del>_</del>	1
Tax filing requirement and elects to do so. (See criteria on back)   After MAY 1, 2001   Fee will be \$550.00   Trust Fund Contribution.   \$5.00 May Be Added to Fees Added	9. This corporation is alice	rible to estich, its Istansible	EII E NOWI		IC 61EN	00						1
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13. I 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												
	13. I hereby certify that th	e information supplied with the	nis filing does not qualify for	the exer	nption stat	ed in Sectio	n 119.07(3)(i	), Florida Statutes. I	further ceri	tify that the in	nformation	1

indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

JOHN RIVA