FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT Feb 17 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P97000003569 (5) **DOCUMENT #** GRAND VIN. INC. Principal Place of Business Mailing Address 1107 DUVAL STREET 1107 DUVAL STREET KEY WEST FL 33040 KEY WEST FL 33040 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/14/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0718133 21 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 口 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zıp Country This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. □No 24 25 29 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 **TAMERILAWYER CHARTERED** 343 ALMERIA AVENUE 82 COBAL GABLES FL 39134 83 Divisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 11. Pursuant to the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as reg obligations #USegtion 607.0505, Florida Statutes. ME CONNE DANIEL SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 11 TITLE ☐ Change Addition MCCONNELL, DANIEL E NAME 1.2 NAME 1107 DUVAL STREET 1.3 STREET ADDRESS STREET ADDRESS KEY WEST FL 33040 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE DELETÉ 2.1 TITLE Change MCCONNELL, ELEANOR F NAME 2.2 NAME 1107 DUVAL STREET STREET ADDRESS 2.3 STREET ADDRESS KEY WEST FL 33040 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELFTE Change Addition TITLE 3.1 TITLE 3 2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELFTE 4.1 TITLE Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the Comparation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE

JIEL MSCONNELL

FILED