


FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90114 029 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS											
DOCUMENT # P98000107928 1. Corporation Name BEST TIME WINES & GOURMET, INC.															
Principal Place of Business 4771 SW 8TH STREET CORAL GABLES FL 33134			Mailing Address 4771 SW 8TH STREET CORAL GABLES FL 33134												
DO NOT WRITE IN THIS SPACE															
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country												
3. Date Incorporated or Qualified 12/30/1998			4. FEI Number 05-0889647												
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees												
7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No												
9. Name and Address of Current Registered Agent DOURIEZ, PHILIPPE 4771 SW 8TH STREET CORAL GABLES FL 33134			10. Name and Address of New Registered Agent												
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.			DATE 3-9-99												
SIGNATURE <i>[Signature]</i>			DATE												
12. OFFICERS AND DIRECTORS															
<table border="1"> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td></td> <td>Philippe Douriez</td> <td>4771 SW 8th St.</td> <td>Coral Gables FL 33134</td> <td></td> </tr> </table>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE		Philippe Douriez	4771 SW 8th St.	Coral Gables FL 33134	
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12															
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14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #