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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 5 %

May 10, 1999 8:00 am Secretary of State

05-10-1999 90292 032 ***150.00

1. Corporation	on Name					
	SPANISH CELLARS,	INC.				
				}		
Principal Plac	ce of Business	Mailing Address	. = .			
2650	Biscayne Blvd.	2650 Bisc	cayne Blvd.			
	i, FL ² 33137	Miami, FI		DO NOT WRITE IN THI	S SPACE	
		•		Date Incorporated or Qualifed		
				09-16-1991		
	Place of Business	2a. Mailing Address		4. FEI Number	App	iled For
21 2650	Biscayne Blvd.	26 2650 Bis	scayn e Blvd.	59-3083796		Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc	2.	5. Certifcate of Status Desired	\$8.75 Ac Fee Req	
City & Sta	ite	City & State	·- 	6. Election Campaign Financing	\$5.00 N	May Be
23 Miam	i, FL	28 Miami, I	FL	Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year in		_ :
3313	120	33137	30 USA	Personal Property Tax.		_No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered	d Agent	
T	Domon Cuon	\sim	81 Name	eal L. Sandberg, Esq.		
Jose Ramon Suso 1470 N.W. 107th Ave			82 Street	Horse (BG See Alympelis Not Acceptable)		ì
	i, FL 33172		83			i
.HIam.	1, FL 331/2					i
			84 City N	Miami 📮	85 363C	137 ¦
11. Pursuant	to the provision of Sections 607.0502	and 607, 1508, Florida	Statutes, the above-named			registered
office or	registered agent, or both in the State of	f Florida. Such change	was authorized by the com	d corporation submits this statement for the purpose operation's board of directors. I hereby accept the appearance of the corporation of the purpose of the	ointment as reg	istered
SIGNATURE	11 \ /2/^		NEAL SANDE	16 4/99		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable	(NOTE: Registered Agent signature			
12.	OPTICERS AND	DIRECTORS DELE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change	RS IN 12 ;
TITLE	PD	()	TE 1.1 TITLE 1.2 NAME		- Onlinge	
NAME	Suso, Jose Ramo		1.3 STREET ADDRESS	1		:
STPEET ADDRESS	643 NW 98th Ct.	•	1,4 CITY-ST-ZIP			!
CITY-ST-ZIP	CD	₩ DELE		S-™	Change	Addition
NAME	SD Victor Correspond	X	2.2 NAME	Tomas A. Mestre		į
STREET ADDRESS	Victor Serrano	N 110	2.3 STREET ADDRESS		aat	
CITY-ST-ZIP	1470 NW 107th A	ave.	2. 4 CITY-ST-ZIP	Redlands, FL 33032		
TITLE		⊠ DELE	TE 3.1 TITLE	Neuranas, Ph 33032	☐ Change	Addition
NAME	TD		3.2 NAME	VP-D		
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP	3126 Hillside I		3.4. CITY- ST- ZIP	7601 N.W. 68th St.,		
TITLE	Safety Harbor,	FL DELE	1	Miami, FL 33166	Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS	:1		4.3 STREET ADDRESS			
	' †					
CiTY-ST-ZIP		∏ nei ∈	4.4 CITY-ST-ZIP		Change	☐ Addition
TITLE		☐ DELE	4.4 CITY-ST-ZIP TE 5.1 TITLE		Change	Addition
TITLE NAME		☐ DELE	4.4 CITY-ST-ZIP TE 5.1 TITLE 5.2 NAME		☐ Change	Addition
TITLE NAME STREET ACORESS		☐ DELE	4.4 CITY-ST-ZIP TE 5.1 TITLE		☐ Change	☐ Addition
TITLE NAME		☐ DELE	4.4 CITY- ST-ZIP TE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			4.4 CITY- ST-ZIP TE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST-ZIP			
TITLE NAME STREET ACORESS CITY-ST-ZIP			4.4 CITY-ST-ZIP TE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP TE 6.1 TITLE			

14. I hereby 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 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 treated 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:

662-1937