

42-91 B-3869 C  
**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 02 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 # P18000 (0)**  
 1. Corporation Name  
**C.V.R. WINE CO., INC.**



Principal Place of Business  
**136-31 ROOSEVELT AVE.  
 FLUSHING NY 11354**

Mailing Address  
**136-31 ROOSEVELT AVE.  
 FLUSHING NY 11354-5541**

3. Date Incorporated or Qualified **02/11/1988**      3a. Date of Last Report **04/23/1996**

|                                |  |                     |  |  |  |   |  |
|--------------------------------|--|---------------------|--|--|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 4. FEI Number  |  | Applied For   |  |
| 21                             |  | 26                  |  | 11-2734157   |  | Not Applicable  |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 5. Certificate of Status Desired   |  | <input type="checkbox"/> \$8.75 Additional Fee Required             |  |
| 22                             |  | 27                  |  | 6. Election Campaign Financing Trust Fund Contribution                                 |  | <input type="checkbox"/> \$5.00 May Be Added to Fees                |  |
| City & State                   |  | City & State        |  | 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 23                             |  | 28                  |  |  |  |   |  |
| Zip                            |  | Zip                 |  |  |  |   |  |
| 24                             |  | 29                  |  |  |  |   |  |
| Country                        |  | Country             |  |  |  |   |  |
| 25                             |  | 30                  |  |  |  |   |  |

**9. Name and Address of Current Registered Agent**

**ALVAREZ, MARCEDES  
 5497 W 27TH AVE  
 HIALEAH FL 33016**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------------------|---|---|
| TITLE                      | PD <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | VERALDI, FRANK                     | 1.2 NAME  |   |
| STREET ADDRESS             | 136-31 ROOSEVELT AVE.              | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | FLUSHING NY                        | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 2.2 NAME  |   |
| STREET ADDRESS             |                                    | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                    | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 3.2 NAME  |   |
| STREET ADDRESS             |                                    | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                    | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 4.2 NAME  |   |
| STREET ADDRESS             |                                    | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                    | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 5.2 NAME  |   |
| STREET ADDRESS             |                                    | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                    | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 6.2 NAME  |   |
| STREET ADDRESS             |                                    | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                    | 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 supplementary 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 or changed on an attachment with an address.

SIGNATURE: \_\_\_\_\_ Date: 3-25-97 (718) 353-3644

CR2E034 (9/96)