

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 3:15

DOCUMENT # F94000002304 (3)

1. Corporation Name
FAR NIENTE WINERY, INC.

Principal Place of Business Mailing Address
P.O. BOX 327 P.O. BOX 327
OAKVILLE CA 94562 OAKVILLE CA 94562

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/04/1994** 3a. Date of Last Report

4. FEI Number **68-0290928** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip 29. Country 30. Country

9. Name and Address of Current Registered Agent

**BENNETT, ANNE
1600 N.W. 163RD ST.
MIAMI FL 33169**

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 _____ DATE _____
Printable, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGUIRE, LARRY	1.2 NAME	
STREET ADDRESS	115 DAHLIA ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. HELENA CA 94574	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMPSON, DIRK	2.2 NAME	
STREET ADDRESS	1581 OAKVILLE GRADE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OAKVILLE CA 94562	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORREL, REECE	3.2 NAME	
STREET ADDRESS	5310 E. 31ST ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TULSA OK	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, HUGH B	4.2 NAME	
STREET ADDRESS	346 PATTON ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SONOMA CA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICKEL, GIL	5.2 NAME	
STREET ADDRESS	115 ABBEY PEAK RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	INCLINE VILLAGE NV 89450	5.4 CITY-ST-ZIP	
TITLE		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 reported with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or application of 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 for the reporting period empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: _____ DATE: **1/16/95**

Hugh B. Scott, Controller

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