


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P22724** (9)
1. Corporation Name
CLICQUOT, INC.

Principal Place of Business
**717 FIFTH AVENUE
NEW YORK NY 10022**

Mailing Address
**717 FIFTH AVENUE
NEW YORK NY 10022**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/18/1989	3a. Date of Last Report 05/01/1996
21		26		4. FEI Number 13-2582854	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YVES PAUL BENARD	1.2 NAME	
STREET ADDRESS	6, RUE DOM PERIGNON	1.3 STREET ADDRESS	
CITY-ST-ZIP	51200 EPERNAY, FRANCE	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNA HAYES LEVIN	2.2 NAME	
STREET ADDRESS	30 WEST 60TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10023	2.4 CITY-ST-ZIP	
TITLE	VFF <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAWITSKY, WALTER	3.2 NAME	
STREET ADDRESS	44 TOWNLINE COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	HAUPPAUGE NY 11788	3.4 CITY-ST-ZIP	
TITLE	CCEO <input type="checkbox"/> DELETE	4.1 TITLE	CHAIRMAN OF THE BOARD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCAL, PHILIPPE	4.2 NAME	
STREET ADDRESS	2, RUE DU GRENIER A SEL	4.3 STREET ADDRESS	
CITY-ST-ZIP	51100 REIMS, FRANCE	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	PRESIDENT AND CEO <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILIANO, MIREILLE	5.2 NAME	
STREET ADDRESS	9 PRINCETON DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	OX HILLS NY 11748	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 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.

SIGNATURE: *[Signature]* **ADMITTED: M. SAWITSKY 9/20/97 12/2/98-75-X**

CR2E034 (4/97)