

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 13-2582854		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip	28 Country	29 Zip		30 Country	
24	25	29		30	

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 YVES PAUL BENARD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6, RUE DOM PERIGNON	1.2 NAME	
STREET ADDRESS	\$1200 EPERNAY, FRANCE	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	S ANNA HAYES LEVIN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	30 WEST 60TH STREET	2.2 NAME	
STREET ADDRESS	NEW YORK NY 10023	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VFF SAWITSKY, WALTER	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	44 TOWNLINE COURT	3.2 NAME	
STREET ADDRESS	HAUPPAUGE NY 11788	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	C PASCAL, PHILIPPE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2, RUE DU GRENIER A SEL	4.2 NAME	
STREET ADDRESS	\$1100 REIMS, FRANCE	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	PCEO QUILIANO, MIREILLE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9 PRINCETON DRIVE	5.2 NAME	
STREET ADDRESS	DIX HILLS NY	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 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:

WALTER SAWITSKY 1/7/98 1/12/1998-KTS

CR2E034 (10/97)