

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 APR 19 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P26963

1. Corporation Name

FOOD AND WINES FROM FRANCE, INC.

Principal Place of Business

Mailing Address

215 PARK AVE. SOUTH
NEW YORK, NY 10003

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NEW YORK, NY 10003

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

11/17/1989

3/1/94

4. FEI Number

Applied For

13-1978025

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

21 Suite, Apt. #, etc.

23 City & State

23 City & State

24 Zip

25 Country

29 Zip

30 Country

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRIMITIVE HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE, FL. 32301

81 Name

THE PRIMITIVE HALL CORPORATION SYSTEM, INC.

82 Street Address (P.O. Box Number is Not Acceptable)

1201 HAYES ST

83

SUITE 105

84 City

TALLAHASSEE

85 Zip Code

FL 32301

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C. Moulias, Jean
NAME 43-45, rue de Naples
STREET ADDRESS PARIS FRANCE 75008
CITY - ST - ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME 100001461031
1.3 STREET ADDRESS -04/20/95--01036--003
1.4 CITY - ST - ZIP ****208.75 ****208.75

TITLE V/C
NAME 43-45, rue de Naples
STREET ADDRESS PARIS, FRANCE 75008
CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE P.
NAME Pefau-Dore, Sylvette
STREET ADDRESS 215 Park Avenue South
CITY - ST - ZIP New York, NY 10003

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE VP
NAME Bureau, Pascal
STREET ADDRESS 5757 West Century Blvd.
CITY - ST - ZIP Los Angeles, CA 90045

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE S.
NAME Pefau-Dore, Sylvette
STREET ADDRESS 215 Park Avenue South
CITY - ST - ZIP New York, NY 10003

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE T.
NAME Sirkin, Sidney
STREET ADDRESS 810 Seventh Avenue
CITY - ST - ZIP New York, NY 10019

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sylvette Pefau-Dore, President

3/24/95

212-477-9800