

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
IF NOT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 12 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P26963 (9)

1. Corporation Name

FOOD AND WINES FROM FRANCE, INC.

Principal Place of Business

Mailing Address

215 PARK AVE SOUTH 16TH FL
NEW YORK NY 10003

215 PARK AVE SOUTH 16TH FL
NEW YORK NY 10003



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/17/1989	3a. Date of Last Report 03/04/1996
4. FEI Number 13-1978025	Applied For Not Applicable
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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

7/22/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	MOULIAS, JEAN	
STREET ADDRESS	43-45, RUE DE NAPLES	
CITY-ST-ZIP	PARIS, FRANCE	
TITLE	VC	<input checked="" type="checkbox"/> DELETE
NAME	EDFASSY, MONIQUE	
STREET ADDRESS	43-45, RUE DE NAPLES	
CITY-ST-ZIP	PARIS, FRANCE	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SYLVETTE PEFAU-DORE	
STREET ADDRESS	215 PARK AVE SOUTH	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SUREAU, PASCAL	
STREET ADDRESS	5757 W CENTURY BLVD	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PEFAU-DORE, SYLVETTE	
STREET ADDRESS	215 PARK AVENUE SOUTH	
CITY-ST-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	CHAIRMAN OF THE BOARD D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		PIERRE MOULIAS	
1.3 STREET ADDRESS		43-45 RUE DE NAPLES	
1.4 CITY-ST-ZIP		PARIS FRANCE 75008	
2.1 TITLE	D	VICE CHAIRMAN OF THE BOARD D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		PATRICK PILLON	
2.3 STREET ADDRESS		43-45 RUE DE NAPLES	
2.4 CITY-ST-ZIP		PARIS FRANCE	
3.1 TITLE	D	SYLVETTE PEFAU-DORE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		215 PARK AVENUE SOUTH	
3.3 STREET ADDRESS		NEW YORK NY 10003	
3.4 CITY-ST-ZIP			
4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	D	VICE PRESIDENT + DIR MKTG D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		JACQUES THERIAULT	
6.3 STREET ADDRESS		215 PARK AVENUE SOUTH	
6.4 CITY-ST-ZIP		NEW YORK, NY 10003	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

7/22/97

215 PARK AVE SOUTH

CR2E037 (4/97)