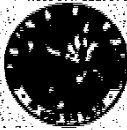


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P32269** (3)

1. Corporation Name  
**THE AMERICAN INSTITUTE OF WINE & FOOD, INCORPORATED**

APPROVED,  
AND  
FILED

95 APR 26 PM 12:47

Principal Place of Business Mailing Address  
1550 BRYANT ST. #700 SAN FRANCISCO CA 94103

SECRETARY OF STATE  
DO NOT WRITE IN THESE SPACES FLORIDA

3. Date Incorporated or Qualified 11/14/1990 3a. Date of Last Report 05/01/1994

4. FEI Number 94-2780315 Applied For Not Applicable

5. Certificate of Status Desired  \$6.75 Additional Fee Required

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, 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 Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**KOTKIN, CAROLE  
9500 SOUTHWEST 97TH STREET  
MIAMI FL 33176**

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 re-registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C KELLY, THOMAS 248 STATLER HALL ITHACA NY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC MAH, MAGGIE 383-D VINTAGE PARK DR. FOSTER CITY CA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T NACCARATO, VINCENT 2240 W. 75TH ST. WOODRIDGE IL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S KENWARD, TOR 2000 MAIN ST. HELENA CA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KLUGMAN, ROBERTA 1550 BRYANT ST., SUITE 700 SAN FRANCISCO CA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SAYET, MARSHA 741 SAN BRUNO MIAMI FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>C/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>M</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1550 BRYANT ST, SUITE 700
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>S/D SANDRA M'CAULEY 316 MID VALLEY CENTER #225 CARMEL CA 93923</b>

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

SIGNATURE: Roberta Klugman COO Date: 4-14-95 Daytime Phone # \_\_\_\_\_