

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P32269 (3)
 1. Corporation Name

THE AMERICAN INSTITUTE OF WINE & FOOD, INCORPORATED



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

3. Date Incorporated or Qualified: 11/14/1990
 3a. Date of Last Report: 04/26/1995
 4. FEI Number: 94-2780315
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
 Suite, Apt. #, etc.: 22
 City & State: 23
 Zip: 24
 Country: 25
 2a. Mailing Address: 26
 Suite, Apt. #, etc.: 27
 City & State: 28
 Zip: 29
 Country: 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: Forgette, Arthur
 82 Street Address (P.O. Box Number is Not Acceptable): One Washington Avenue
 83
 84 City: Miami Beach FL 85 Zip Code: 33139

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: [Signature] DATE: 7/16/96
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KELLY, THOMAS	
STREET ADDRESS	248 STATLER HALL	
CITY-ST-ZIP	ITHACA NY	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	MAH, MAGGIE	
STREET ADDRESS	383-D VINTAGE PARK DR.	
CITY-ST-ZIP	FOSTER CITY CA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NACCARATO, VINCENT	
STREET ADDRESS	2240 W. 75TH ST.	
CITY-ST-ZIP	WOODRIDGE IL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KENWARD, TOR	
STREET ADDRESS	2000 MAIN	
CITY-ST-ZIP	ST. HELENA CA	
TITLE	M	<input type="checkbox"/> DELETE
NAME	KLUGMAN, ROBERTA	
STREET ADDRESS	1550 BRYANT ST., SUITE 700	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SAYET, MARSHA	
STREET ADDRESS	741 SAN BRUNO	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John Roberts
1.3 STREET ADDRESS	180 Wall Street
1.4 CITY-ST-ZIP	New York, NY 10005
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Roberts John
4.3 STREET ADDRESS	180 Wall Street
4.4 CITY-ST-ZIP	New York, NY 10005
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	800001904888
5.3 STREET ADDRESS	-07/25/96--01100--016
5.4 CITY-ST-ZIP	***61.25
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Walter, Susan
6.3 STREET ADDRESS	1962 Ellis Street
6.4 CITY-ST-ZIP	San Francisco, CA 94115

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 119.07(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: [Signature] DATE: [Blank] DAYTIME PHONE # [Blank]

CR2E037 (3/96)