

FILE NOW: FILING FEE IS \$61.25

FILED  
May 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P32269 (3)**  
1. Corporation Name  
**THE AMERICAN INSTITUTE OF WINE & FOOD, INCORPORATED**



Principal Place of Business <b>1550 BRYANT ST. #700 SAN FRANCISCO CA 94103</b>	Mailing Address <b>1550 BRYANT ST. #700 SAN FRANCISCO CA 94103-4832</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>94-2780315</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>FORGETTE, ARTHUR ONE WASHINGTON AVENUE MIAMI BEACH FL 33139</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERTS, JOHN</b>	1.2 NAME	
STREET ADDRESS	<b>120 WALL STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10005</b>	1.4 CITY-ST-ZIP	
TITLE	<b>CD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>CD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MAH, MAGGIE</b>	2.2 NAME	<b>Sandra McCauley</b>
STREET ADDRESS	<b>383-D VINTAGE PARK DR.</b>	2.3 STREET ADDRESS	<b>1550 Bryant Street Suite 700</b>
CITY-ST-ZIP	<b>FOSTER CITY CA</b>	2.4 CITY-ST-ZIP	<b>San Francisco, CA 94103</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	<b>NACCARATO, VINCENT</b>	3.2 NAME	
STREET ADDRESS	<b>2240 W. 75TH ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WOODRIDGE IL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>D. Michael Berk</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WALTER, SUSAN</b>	4.2 NAME	
STREET ADDRESS	<b>1982 ELLIS STREET</b>	4.3 STREET ADDRESS	<b>1550 Bryant Street Suite 700</b>
CITY-ST-ZIP	<b>SAN FRANCISCO CA 94115</b>	4.4 CITY-ST-ZIP	<b>San Francisco, CA 94103</b>
TITLE	<b>M</b> <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	<b>KLUGMAN, ROBERTA</b>	5.2 NAME	
STREET ADDRESS	<b>1550 BRYANT ST., SUITE 700</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN FRANCISCO CA</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	<b>800002201698</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>-06/04/97--01089--006</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>***61.25</b>

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.

CR2E037 (9/96)

*Handwritten signature and date: 5/21/97*