

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P22724 (9)**

1. Corporation Name
CLICQUOT, INC.



Principal Place of Business: **717 FIFTH AVENUE NEW YORK NY 10022**

Mailing Address: **717 FIFTH AVENUE NEW YORK NY 10022**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: **01/18/1989**

3a. Date of Last Report: **10/10/1995**

4. FEI Number: **13-2582854**

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	YVES PAUL BENARD	
STREET ADDRESS	6, RUE DOM PERIGNON	
CITY-ST-ZIP	51200 EPERNAY, FRANCE	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ANNA HAYES LEVIN	
STREET ADDRESS	30 WEST 60TH STREET	
CITY-ST-ZIP	NEW YORK NY 10023	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SAWITSKY, WALTER	
STREET ADDRESS	44 TOWNLINE COURT	
CITY-ST-ZIP	HAUPPAUGE NY 11788	
TITLE	CCEO	<input type="checkbox"/> DELETE
NAME	PASCAL, PHILIPPE	
STREET ADDRESS	2, RUE DU GRENIER A SEL	
CITY-ST-ZIP	51100 REIMS, FRANCE	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GUILIANO, MIREILLE	
STREET ADDRESS	9 PRINCETON DRIVE	
CITY-ST-ZIP	DIX HILLS NY 11746	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	VICE PRESIDENT, FIN. & OPS. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SAWITSKY, WALTER
3.3 STREET ADDRESS	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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*****200.00**

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

SIGNATURE: *Walter Sawitsky*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WALTER SAWITSKY, VICE PRESIDENT FINANCE

4/24/96 (212) 888-7575

CR2E034 (12/95)