

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -8 AM 9:19

DOCUMENT # P33696 (6)

1. Corporation Name
CRIBARI VINEYARDS, INC.

Principal Place of Business	Mailing Address
4180 W. ALAMOS AVENUE #108 FRESNO CA 93722	4180 W. ALAMOS AVENUE #108 FRESNO CA 93722

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/02/1991	3a. Date of Last Report 03/14/1994
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number 94-1623764	Applied For <input type="checkbox"/> 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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
WATRA CHURCH GOODS CO.
4024 WEST SOUTH AVE.
TAMPA FL 33614

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent, and title if registered as

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CRIBARI, ALBERT B.
STREET ADDRESS	1544 CHERRYWOOD DR.
CITY- ST- ZIP	SAN MATEO CA
TITLE	DPT
NAME	CRIBARI, THEODORE S.
STREET ADDRESS	415 E. INDIANAPOLIS
CITY- ST- ZIP	FRESNO CA
TITLE	DV
NAME	CRIBARI, JOHN F.
STREET ADDRESS	6430 N. FELAND
CITY- ST- ZIP	FRESNO CA
TITLE	S
NAME	CRIBARI, PHYLLIS W.
STREET ADDRESS	415 E. INDIANAPOLIS
CITY- ST- ZIP	FRESNO CA
TITLE	AS
NAME	MCCANN, LAURE M.
STREET ADDRESS	743 W. FLORADORA AVE
CITY- ST- ZIP	FRESNO CA
TITLE	
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	<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 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	

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)(b), 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: *Sandra B. Morinham*
SIGNATURE AND TYPED OR PRINTED NAME OF BORING OFFICER OR DIRECTOR

2/2/95 (209) 271-9000
Date Filing Fee \$