

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

130-96 8-0493 C
(6)

DOCUMENT # P33696

CRIBARI VINEYARDS, INC.



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

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29

3. Date Incorporated or Qualified: 04/02/1991
3a. Date of Last Report: 02/08/1995
4. FEI Number: 94-1623764
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: WATRA CHURCH GOODS CO. 4024 WEST SOUTH AVE. TAMPA FL 33614

10. Name and Address of New Registered Agent: 81 Name: WATRA CHURCH GOODS CO. 82 Street Address (P.O. Box Number is Not Acceptable): 15744 N. DALE MARRY HWY 83 City: TAMPA FL 84 Zip Code: 33618

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D. CRIBARI, ALBERT B.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1544 CHERRYWOOD DR.	1.2 NAME	
STREET ADDRESS	SAN MATEO CA	1.3 STREET ADDRESS	
CITY-STATE-ZIP	DPT	1.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	CRIBARI, THEODORE S.	2.1 TITLE	
NAME	415 E. INDIANAPOLIS	2.2 NAME	
STREET ADDRESS	FRESNO CA	2.3 STREET ADDRESS	
CITY-STATE-ZIP	DV	2.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	CRIBARI, JOHN F.	3.1 TITLE	
NAME	6430 N. FELAND	3.2 NAME	
STREET ADDRESS	FRESNO CA	3.3 STREET ADDRESS	
CITY-STATE-ZIP	S	3.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	CRIBARI, PHYLLIS W.	4.1 TITLE	
NAME	415 E. INDIANAPOLIS	4.2 NAME	
STREET ADDRESS	FRESNO CA	4.3 STREET ADDRESS	
CITY-STATE-ZIP	AS	4.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	MCCANN, LAURE M.	5.1 TITLE	
NAME	743 W. FLORADORA AVE	5.2 NAME	
STREET ADDRESS	FRESNO CA	5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Laure McCann* Laure McCann 1-25-96 209-277-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)