

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**May 07 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # 354576 (1)**  
1. Corporation Name  
**CASTLETON BEVERAGE CORPORATION**



Principal Place of Business: **12200 N. MAIN AND I 295 JACKSONVILLE FL 32218**  
Mailing Address: **P. O. BOX 26368 JACKSONVILLE FL 32226-6368 US**

3. Date Incorporated or Qualified: **10/29/1969**      3a. Date of Last Report: **04/18/1996**  
4. FEI Number: **59-1295645**      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  
**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 **FL** 85 Zip Code

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 or official, if applicable) (NOTE: Registered Agent signature required when non-stating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>CAUTHEN, CHARLES</b>	
STREET ADDRESS	<b>2460 ELBOW ROAD</b>	
CITY - ST - ZIP	<b>ORANGE PARK FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>LOPEZ, FELIPE</b>	
STREET ADDRESS	<b>6311 WHISPERING OAKS DRIVE W</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FAULKNER, WLATER T</b>	
STREET ADDRESS	<b>64 WOODBINE AVE</b>	
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>DC</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DE, HECHAVARRIA L</b>	
STREET ADDRESS	<b>DE HECHAVARRIA, LUIS</b>	
CITY - ST - ZIP	<b>JACKSONVILLE, FL 00000</b>	
TITLE	<b>DC</b>	<input type="checkbox"/> DELETE
NAME	<b>DEHECHAVARRIA, LUIS</b>	
STREET ADDRESS	<b>8087 SUMMIT RIDGE LN</b>	
CITY - ST - ZIP	<b>JACKSONVILLE, FL 00000</b>	
TITLE	<b>AS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BELAVAL, MARIO S</b>	
STREET ADDRESS	<b>LLORENS TORRES 399</b>	
CITY - ST - ZIP	<b>HATO REY PR</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Romanach, Benito</b>	
1.3 STREET ADDRESS	<b>834 Shipwatch Dr. E.</b>	
1.4 CITY - ST - ZIP	<b>Jacksonville, Florida 32225</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<b>Vice President</b>	
2.2 NAME	<b>Lopez, Felipe</b>	
2.3 STREET ADDRESS	<b>13210 S. Biggin Church Road</b>	
2.4 CITY - ST - ZIP	<b>Jacksonville, Florida 32224</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	<b>Secretary</b>	
3.2 NAME	<b>Wilson III, Frederick J.</b>	
3.3 STREET ADDRESS	<b>2100 Biscayne Blvd.</b>	
3.4 CITY - ST - ZIP	<b>Miami, Florida 33137</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 607, 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: **4-23-97** (Date)

CR2E034 (9/96)