


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 354576</b>	
1. Entity Name <b>BACARDI BOTTLING CORPORATION</b>	

Principal Place of Business <b>12200 N. MAIN AND I 295 JACKSONVILLE, FL 32218</b>	Mailing Address <b>2100 BISCAYNE BLVD ATTN:LEGAL DEPT MIAMI, FL 33137 US</b>
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01132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1295645</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>
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**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAUTHEN, CHARLES 2460 ELBOW ROAD ORANGE PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOPEZ, FELIPE 13210 S. BIGGIN CHURCH RD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILSON, FREDRICK I 2100 BISCAYNE BLVD. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SUAREZ, OSCAR 12200 N MAIN & I-295 JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC DEHECHAVARRIA, LUIS 8087 SUMMIT RIDGE LN JACKSONVILLE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000009866  
01/21/04-80022-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  / **Frederick J. Wilson III**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Secretary**

1/16/04 305-573-8600  
03. Daytime Phone # 04 127