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

DOCUMENT # **F94000005107 (7)**

1. Corporation Name

MINIBAR NORTH AMERICA, INC.

Principal Place of Business	Mailing Address
4905 DEL RAY AVENUE SUITE 507 BETHESDA MD 20814	4905 DEL RAY AVENUE SUITE 507 BETHESDA MD 20814

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **09/30/1994**
3a. Date of Last Report: **06/28/1995**

4. FEI Number: **52-1865714** ☐ 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

9. Name and Address of Current Registered Agent

C T 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 and title if applicable (NOTE: Registered Agent's signature required when name changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	OLSSON, GORAN		1.2 NAME	STEPHEN L. REID	
STREET ADDRESS	4905 DEL RAY AVENUE STE 507		1.3 STREET ADDRESS	4905 Del Ray Ave #507	
CITY-ST-ZIP	BETHESDA MD		1.4 CITY-ST-ZIP	Bethesda MD 20814	
TITLE	CD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JACOBS, ANDREAS		2.2 NAME		
STREET ADDRESS	4905 DEL RAY AVENUE STE 507		2.3 STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE	EXECUTIVE V.P.	☒ Change ☐ Addition
NAME	TORANO, ANTHONY J		3.2 NAME	TORANO, ANTHONY J.	
STREET ADDRESS	4905 DEL RAY AVENUE STE 507		3.3 STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD		3.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	REID, STEPOHEN		4.2 NAME		
STREET ADDRESS	4905 DEL RAY AVE 507		4.3 STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	ASST. SECRETARY	☐ Change ☒ Addition
NAME			5.2 NAME	GALGANO, PATRICK J	
STREET ADDRESS			5.3 STREET ADDRESS	4905 Del Ray Ave. #507	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Bethesda, MD 20814	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: _____ PATRICK J. GALGANO 3-25-96 301-657-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #