

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 02, 2004 8:00 am
Secretary of State

07-02-2004 90059 019 ****55.00



DOCUMENT # M99000001112
 1. Entity Name
PANAMERICAN BEVERAGES COMPANY L.L.C.

Principal Place of Business
 701 WATERFORD WAY, STE. 800
 MIAMI FL 33126

Mailing Address
~~701 WATERFORD WAY, STE. 800~~
~~MIAMI FL 33126~~
9737 N.W. 41st Street, pmb 310
Miami, FL. 33178-2924

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

4. FEI Number
65-0930150

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent

CORPDIrect AGENTS-
103 N. MERIDIAN ST.
LOWER LEVEL
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
FL Zip Code

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM <input type="checkbox"/> Delete
NAME	CORPORACION INTERAMERICANA DE BEBIDAS S.A.
STREET ADDRESS	GUILLERMO GONZALEZ CAMARENA 600
CITY-ST-ZIP	SANTA FE, MEXICO CITY DF 01210
TITLE	MGR <input type="checkbox"/> Delete
NAME	SALAZAR, CARLOS
STREET ADDRESS	GUILLERMO GONZALEZ CAMARENA 600
CITY-ST-ZIP	SANTA FE, MEXICO CITY DF 01210
TITLE	MGR <input type="checkbox"/> Delete
NAME	GARZA, ALFONSO
STREET ADDRESS	GUILLERMO GONZALEZ CAMARENA 600
CITY-ST-ZIP	SANTA FE, MEXICO CITY DF 01210
TITLE	MGR <input type="checkbox"/> Delete
NAME	ALDRETE, CARLOS
STREET ADDRESS	GUILLERMO GONZALEZ CAMARENA 600
CITY-ST-ZIP	SANTA FE, MEXICO CITY DF 01210
TITLE	MGR <input type="checkbox"/> Delete
NAME	GONZALEZ, FERNANDO
STREET ADDRESS	GUILLERMO GONZALEZ CAMARENA 600
CITY-ST-ZIP	SANTA FE, MEXICO CITY DF 01210
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Mark A. Hart 6/28/04 305-593-5766
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #