

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORENDA DEPARTMENT OF STATE
Sandra B. Morthan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P12212 (7)**
1. Corporation Name
PEARL BREWING COMPANY



Principal Place of Business: **312 PEARL PARKWAY SAN ANTONIO TX 78215**
Mailing Address: **312 PEARL PARKWAY SAN ANTONIO TX 78215**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. State, Apt. #, etc.	26. P. O. BOX 1661	11/19/1986	02/14/1995
22. City & State	27. City & State	4. FEI Number	Applied For
23. Zip	28. SAN ANTONIO, TX	74-1653042	Not Applicable
24. Country	29. 78296	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
25. Country	30. USA	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KANNER, BARRY 2601 ANVIL STREET N. ST. PETERSBURG FL 33710		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: _____ DATE: _____
Signature of Registered Agent (Signature required for later filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	PCD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	ISSLEIB, LUTZ EDGAR	12. NAME	
13. STREET ADDRESS	312 PEARL PARKWAY	13. STREET ADDRESS	
14. CITY, ST., ZIP	SAN ANTONIO TX	14. CITY, ST., ZIP	
15. TITLE	VS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	HARRIS, BARRY LEE	22. NAME	
17. STREET ADDRESS	312 PEARL PARKWAY	23. STREET ADDRESS	
18. CITY, ST., ZIP	SAN ANTONIO TX	24. CITY, ST., ZIP	
19. TITLE	V	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	SCHIESS, JOHN M.	32. NAME	
21. STREET ADDRESS	312 PEARL PARKWAY	33. STREET ADDRESS	23901 NE 139TH STREET
22. CITY, ST., ZIP	SAN ANTONIO TX	34. CITY, ST., ZIP	BRUSH PRAIRIE, WA 98606
23. TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	ORSI, BERNARD A.	42. NAME	
25. STREET ADDRESS	79 ST. THOMAS WAY	43. STREET ADDRESS	74 ST. THOMAS WAY
26. CITY, ST., ZIP	TIBURON CA	44. CITY, ST., ZIP	TIBURON, CA 94920
27. TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME	DAMVELD, GARY	52. NAME	
29. STREET ADDRESS	79 ST. THOMAS WAY	53. STREET ADDRESS	190 EDGEWOOD
30. CITY, ST., ZIP	TIBURON CA	54. CITY, ST., ZIP	MILL VALLEY, CA 94941
31. TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	CHAVERA, OFILIA	62. NAME	
33. STREET ADDRESS	312 PEARL PARWAY	63. STREET ADDRESS	
34. CITY, ST., ZIP	SAN ANTONIO TX	64. CITY, ST., ZIP	

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 sole owner 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 married, or on an attachment with an address.

SIGNATURE: DATE: 01/26/96
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: BARRY L. HARRIS, V.P. & SECY. 210 270-0970

CR2E034 (12/95)