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03-01-1999 90162 001 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P22638**

1. Corporation Name
DRIBECK IMPORTERS, INC.
 Beck's North America, Inc.



Principal Place of Business Mailing Address
57 OLD POST ROAD #2 **57 OLD POST ROAD #2**
P.O. BOX 4000 **P.O. BOX 4000**
GREENWICH CT 06830-0337 **GREENWICH CT 06830-0337**
US **US**

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
01/20/1989
 4. FEI Number Applied For
06-1245378 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City 85 Zip Code **FL**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
 TITLE DELETE
 NAME **P YETMAN, WILLIAM J**
 STREET ADDRESS **443 SAWMILL RD**
 CITY-ST-ZIP **STAMFORD CT 06903**
 TITLE DELETE
 NAME **VT ANGELO, THOMAS**
 STREET ADDRESS **141 BARLOW PLACE**
 CITY-ST-ZIP **FAIRFIELD CT**
 TITLE DELETE
 NAME **AS BARNARD, RONALD L.**
 STREET ADDRESS **1500 ST MARKS COURT**
 CITY-ST-ZIP **EVANSTON IL**
 TITLE DELETE
 NAME **S MORRISON, ROBIN**
 STREET ADDRESS **551 SIERRA VISTA LANE**
 CITY-ST-ZIP **VALLEY COTTAGE NY**
 TITLE DELETE
 NAME **VP LAUGHLIN, LEO**
 STREET ADDRESS **268 CARRIAGE HILL DR**
 CITY-ST-ZIP **AURORA IL 60506**
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP
 2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP
 3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP
 4.1 TITLE Change Addition
 4.2 NAME **S Gilroy, Lisa**
 4.3 STREET ADDRESS **30 Greenlawn Rd**
 4.4 CITY-ST-ZIP **Katonah, NY 10607**
 5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
 6.1 TITLE Change Addition
 6.2 NAME **VP Rainer Meyrer**
 6.3 STREET ADDRESS **40 Norvel Lane**
 6.4 CITY-ST-ZIP **Stamford, CT 06903**

14. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Thomas Angelo** January 19, 1999 (203)862-4916
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)