

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

1-2

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P33186** (8)

1. Corporation Name
UNITED DISTILLERS (FLORIDA) INC.



Principal Place of Business: **6 LANDMARK SQUARE STAMFORD CT 06901**
Mailing Address: **6 LANDMARK SQUARE STAMFORD CT 06901**

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

3. Date Incorporated or Qualified: **03/18/1991**
3a. Date of Last Report: **04/17/1995**
4. FET Number: **06-1240182**
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
**CT 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
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 the corporation (21) Registered Agent signature required when registering (26) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, DAVID R. M.	1.2 NAME	
STREET ADDRESS	6 LANDMARK SQUARE	1.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06901	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, RICHARD C.	2.2 NAME	
STREET ADDRESS	6 LANDMARK SQUARE	2.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06901	2.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALE, IAN C	3.2 NAME	
STREET ADDRESS	6 LANDMARK SQUARE	3.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06901	3.4 CITY-ST-ZIP	
TITLE	AST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ROBERT T.	4.2 NAME	
STREET ADDRESS	SIX LANDMARK SQ	4.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06901	4.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLEICHFELD, SAMUEL	5.2 NAME	
STREET ADDRESS	SIX LANDMARK SQUARE	5.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06901	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IORIO, LEONARD A	6.2 NAME	
STREET ADDRESS	SIX LANDMARK SQUARE	6.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06901	6.4 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 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: *[Signature]* **4-19-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE

CR2E034 (12/95)

UNITED DISTILLERS (FLORIDA) INC.
LIST OF OFFICERS AND DIRECTORS

<u>Directors</u>	<u>Address</u>
Juan Jose Colombo Richard C. Porter	5200 Blue Lagoon Dr Suite 850, Miami, FL 33126 Six Landmark Square, Stamford, CT 06901
<u>Officers</u>	
<u>President</u>	
Juan Jose Colombo	See Above
<u>Senior Vice President</u>	
Richard C. Porter Richard W. Shaw CFO	See Above 5200 Blue Lagoon Dr Suite 850, Miami, FL 33126
<u>Vice President</u>	
Richard A. Guest	5200 Blue Lagoon Dr Suite 850, Miami, FL 33126
<u>Secretary</u>	
Pamela T. Ireland	Six Landmark Square, Stamford, CT 06901
<u>Assistant Secretary</u>	
Robert T. Brown	Six Landmark Square, Stamford, CT 06901
<u>Assistant Treasurer</u>	
Robert T. Brown Samuel Bleichfeld	See Above Six Landmark Square, Stamford, CT 06901