

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 354576

**FILED**  
**Feb 27, 2013**  
**Secretary of State**  
**CC4392179239**

**Entity Name:** BACARDI BOTTLING CORPORATION

**Current Principal Place of Business:**

2701 LE JEUNE RD.  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2701 LE JEUNE RD.  
CORAL GABLES, FL 33134

**FEI Number:** 59-1295645

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title T  
Name RIOS, WALTER  
Address 12200 N MAIN ST  
City-State-Zip: JACKSONVILLE FL 32218

Title SD  
Name WILSON III, FREDERICK J  
Address 2701 LE JEUNE ROAD  
City-State-Zip: CORAL GABLES FL 33134

Title DP  
Name VALLADO, EDUARDO  
Address 12200 N MAIN ST  
City-State-Zip: JACKSONVILLE FL 32218

Title ASSISTANT TREASURER  
Name HENDRIX, JULIE C  
Address 2701 LE JEUNE RD.  
City-State-Zip: CORAL GABLES FL 33134

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** FREDERICK J. WILSON III

**SECRETARY**

**02/27/2013**

Electronic Signature of Signing Officer/Director Detail

Date