

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000000520

**FILED**  
**Mar 21, 2013**  
**Secretary of State**  
**CC1180293268**

**Entity Name:** BACARDI BUSINESS SOLUTIONS, INC.

**Current Principal Place of Business:**

2701 LE JEUNE ROAD  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2701 LE JEUNE ROAD  
CORAL GABLES, FL 33134 US

**FEI Number:** 27-1628669

**Certificate of Status Desired:** Yes

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

CT CORPORATION SYSTEM  
1200 SOUTH 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 VICE PRESIDENT AND SECRETARY  
Name PROHIAS, RAFAEL G  
Address 2701 LEJEUNE ROAD  
City-State-Zip: CORAL GABLES FL 33134

Title TREASURER  
Name WARING, PAUL  
Address 2701 LEJEUNE ROAD  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name DEL ROSAL FANJUL, ROBERTO CARLOS  
Address 2701 LEJEUNE ROAD  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR/PRESIDENT  
Name HENDRIX, JULIE C  
Address 2701 LEJEUNE ROAD  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name MISIORSKI, MICHAEL  
Address 2701 LEJEUNE ROAD  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name WATSON, DOUGLAS R  
Address 2701 LEJEUNE ROAD  
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:** RAFAEL G. PROHIAS

**VICE PRESIDENT AND SECRETARY**

**03/21/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date