**FILED** 

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90106 050 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9400001808

1. Corporation Name

BACARDI-MARTINI NORTH AMERICA, INC.

		<u> </u>				COURT ORIGIN INCOLUMN	
Principal Place of Business Mailing Address							
2100 BISCAYNE BLVD 2100 BISCAYNE BLVD							
MIAMI FL 33137		ATTN: LEGAL DEPT Miami Fl 33137			DO NOT WRITE IN	THIS SPACE	
US MIAMI FL 33137 US					3. Date Incorporated or Qualifed		
					04/08/1994		
Principal Place of Business     2a. Mailing Address					4. FEI Number	Apı	plied For
21 26		26			65-0483246		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	
22		27				· FeerRe	•
City & State City & State				6. Election Campaign Financing	\$5.00		
23	28				Trust Fund Contribution	Added to	o Fees
Zip			Country		•	oration owes the current year Intangible Property Tax. □.Yes □No	
24				Personal Property Tax. Lives Lino  10. Name and Address of New Registered Agent			
	9. Name and Address of Curr	ent Registered Agent	81	Name	10. Haille and Address of New Rogista	Jied Agent	
C T	CORPORATION SYSTEM					*,	
1200 S. PINE ISLAND RD.				Street Add	ress (P.O. Box Number is Not Acceptable)	:	
PLANTATION FL 33324			83		<del></del>		
100	INTATION 1 E 333E4						
			84	City		FL 85 Zip C	Code
SIGNATURE	Signature, typed or printed name of registered a	-90		t signature require	ed when reinstating) DA		
12.		AND DIRECTORS	13.	1	ADDITIONS/CHANGES TO OFFICER	Change	Addition
TITLE	PD	☐ DELETE	1.1 TITLE			, ,	
NAME	SARDINA, EDUARDO M		1.2 NAME		<i>*</i>		
STREET ADDRESS			1.3 STREET			-	
CITY-ST-ZIP			1.4 CITY-\$1	r-ZIP		☐ Change	☐ Addition
TITLE	VP				•		
NAME	SUAREZ, OSCAR		2.2 NAME 2.3 STREET	ADDRESS			•
STREET ADDRESS	2 100 BIOCATTE DEVD		2.4 CITY-S		*	سيسية ساريين	
CITY-ST-ZIP	MIAMI FL 33137	☐ DELETE	3.1 TITLE	1-Zir		Change	Addition
NAME	ARAGON, JOSE L	_	3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33137		3,4, CITY-S	T-ZIP		•	
TITLE	SD	☐ DELETE	4.1 TITLE		_	Change	☐ Addition
NAME	WILSON III, FREDERICK J		4 2 NAME	ļ			
STREET ADDRESS	E 100 DIOCATTIE DETD		4,3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL		4.4 CITY-S	r-ZIP		Charre	☐ Addition
TITLE		☐ DELETE	5.1 TITLE		•	☐ Change	☐ Addition
NAME.			5.2 NAME		•		
STREET ADDRESS			CA OTDEET	ADDDESC	·	•	
1	6] 		5.3 STREET		· · · ·		
CITY-ST-ZIP	51	DELETE	5.3 STREET 5.4 CITY-S' 6.1 TITLE			Change	Addition

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 suppliemental 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 ceiver or trustee emprised 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 or an againment with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-573-2730