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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 14 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1**9**98

**BUENOS AIRES AR** 

officer or director of the corpo Block 12 or Block 13 if change

CITY-ST-ZIP

F9400006545 (7)

DOCUMENT # BUENOS AIRES EMBOTELLADORA, S.A. Principal Place of Business Mailing Address 700 S FEDERAL HWY 700 S FEDERAL HWY **STE 100** DO NOT WRITE IN THIS SPACE BOCA RATON FL 33432 **BOCA RATON FL 33432** 3. Date Incorporated or Qualified 12/21/1994 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable 98-0138065 Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 Cily & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CORPORATION INFORMATION SERVICES, INC. 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 85 Zip Code 84 City 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered bligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the pro OSVALDO BANOS **SIGNATURE** re, typed or printed name of regist red agont and title if applicable ent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS 13. DELETE Change TITLE 1.1 TITLE BARRY SHEA NAME BEACH, CHARLES H 1.2 NAME 3155 700 S FEDERAL HWY STE 100 FRENCH STREET ADDRESS 1.3 STREET ADDRESS AIRES , ARG , **BOCA RATON FL** BUENOS 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE CD PETER THOMPSON **SUAREZ. LUIS** 2.2 NAME NAME 308 ROQUE SAENZ PENA 1642 STREET ADDRESS 2.3 STREET ADDRESS 700 ANDERSON HILL ROAD CITY-ST-ZIP **BUENOS AIRES AR** PURCHASE, NY, 10577 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE מ MORENO, RICARDO NAME 3.2 NAME MIKE WHITE 308 ROQUE SAENZ PENA 3.3 STREET ADDRESS STREET ADDRESS PEPSI WAY SOMMERS , NY , 10589 **B**UENOS AIRES AR CITY-ST-ZIP 3.4. City-St-ZiP DELETE Change ■ Addition 4.1 TITLE TITLE CDNAME BANOS, OSVALDO 4. 2 NAME BANOS, OSVALDO 308 ROQUE SAENZ PENA 4.3 STREET ADDRESS STREET ADDRESS ROBUE SAENZ **BUENOS AIRES AR** CITY-ST-ZIP 4.4 CITY - ST - ZIP BUENOS AIRES, AR ☐ #odition DELETE TITLE 5.1 TITLE NAME STOWELL, STEVEN A 5.2 NAME 700 S FEDERAL HWY STE 100 5.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE 6000024887**96**\*\*\* GARRIDO, ENRIQUE 6.2 NAME -04/15/98--01004--031 NAME \*\*\*150.00 MAIPU 1300 1006 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST-ZIP

14. I hereby certify that the information supplied with this tiling 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 is upplimental 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 of the corporation of the corporation of the receiver of vustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

th an address.