

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

FILED

Apr 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000002859 (4)**

1. Corporation Name  
**CADBURY BEVERAGES INTERNATIONAL INC.**



Principal Place of Business <b>6 HIGH RIDGE PARK STAMFORD CT 06905</b>	Mailing Address <b>6 HIGH RIDGE PARK STAMFORD CT 06905-1327</b>
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3. Date Incorporated or Qualified <b>06/07/1996</b>	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address
21 <b>8144 Walnut Hill Lane</b>	26 Suite, Apt. #, etc.
22 City & State <b>Dallas, TX</b>	27 City & State
23 Zip <b>75231</b>	28 Zip
24 Country	29 Country
25	30

4. FEI Number <b>06-1414002</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>
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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
	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 fee if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DC BROCK, JOHN</b>
STREET ADDRESS	<b>6 HIGH PARK</b>
CITY-ST-ZIP	<b>STAMFORD CT 06905</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DP TOUGH, DOUGLAS D</b>
STREET ADDRESS	<b>6 HIGH RIDGE PARK</b>
CITY-ST-ZIP	<b>STAMFORD CT 06905</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DT SEDGWICK, J ANTHONY</b>
STREET ADDRESS	<b>6 HIGH RIDGE PARK</b>
CITY-ST-ZIP	<b>STAMFORD CT 06905</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DV UDOW, HENRY A</b>
STREET ADDRESS	<b>6 HIGH RIDGE PARK</b>
CITY-ST-ZIP	<b>STAMFORD CT 06905</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>V LYONS, GARY G</b>
STREET ADDRESS	<b>6 HIGH RIDGE PARK</b>
CITY-ST-ZIP	<b>STAMFORD CT 06905</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>S JAKUBEK, PAUL J</b>
STREET ADDRESS	<b>6 HIGH RIDGE PARK</b>
CITY-ST-ZIP	<b>STAMFORD CT 06905</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DP Richard Brandon</b>
2.3 STREET ADDRESS	<b>8144 Walnut Hill Lane</b>
2.4 CITY-ST-ZIP	<b>Dallas, TX 75231</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>VP Nelson A. Bangs</b>
5.3 STREET ADDRESS	<b>8144 Walnut Hill Lane</b>
5.4 CITY-ST-ZIP	<b>Dallas, TX 75231</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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: *Nelson A. Bangs* **4/11/97** **214-360-7000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)