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 # F9600002859

1. Corporation Name

CADBURY BEVERAGES INTERNATIONAL INC.

Principal Place of Business 9144 WALNUT HILL L STAMFORD ST 73231

Mailing Address

6-HIGH RIDGE PARK STAMPORD CT 06905

May 05, 1999 8:00 am Secretary of State

05-05-1999 90101 021 ***150.00



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualifed			
0 0 0 de de d DI	Land Bridge	2a. Mailing Address			06/07/1996 4. FEI Number	Applied For		
— <u>~</u>	lace of Business 1 Legacy Drive	26 5301 Lea	acy	Dr		Not Applicable		
21 530 Suite, Apt.		Suite, Apt. #, etc.	ucq		5. Certificate of Status Desired	3.75 Additional Fee Required		
City Pla	-1	City & State	Te	× a/	· · · · · · · · · · · · · · · · · · ·	5.00 May Be Added to Fees		
Zip Country Zip Coultry 2					8. This corporation owes the current year Intangib Personal Property Tax.			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
				81 Name				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			82	82 Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324				83				
			84	City	FL 85	Zip Code		
office or n	egistered agent, or both, in the State of	f Florida. Such change was aut	norizea by	the corp	corporation submits this statement for the purpose of chan poration's board of directors. I hereby accept the appointment	ging its registered at as registered		
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	ia Statutes	•				
SIGNATURE	Signature, typed or printed name of registered agent			it sìgnature i	required when reinstating) DATE			
12.	OFFICERS AND	-11/	13.		ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12 Change Addition		
TITLE	DC	☐ DELETE	1,1 TITLE		□'	Jange Audilion		
NAME	BROCK, JOHN		1.2 NAME					
STREET ADDRESS	6 HIGH PARK			ADDRESS				
CITY-ST-ZIP	STAMFORD CT 06905	<u> </u>	1.4 CITY-S	T-ZIP	No. of Al Consider	Change		
TITLE	DP	DELETE	2.1 TITLE		Dir color	Change		
NAME	BEARDON, RICHARD		2.2 NAME		Rinaldo Alfinito			
STREET ADDRESS	*8144 WALNUT HILL LANE		2.3 STREE	ADDRESS				
CITY-ST-ZIP	DALLAS TX		2. 4 CITY-S	IT-ZIP	Plane, TX 15024	Change Addition		
TITLE	SVP	DELETE	3.1 TITLE		1 3,000 1163 5	Change		
NAME	SALTZMAN, MICHAEL		3.2 NAME		bruce N. futterer			
STREET ADDRESS	5601 KELLEY LANE		3.3 STREE	FADDRESS				
CITY-ST-ZIP	PLANO TX 75093	·····	3.4. CITY-5	T-ZIP	Plano, TX 75024			
TITLE	DV	☐ DELETE	4.1 TITLE		∐'	Change		
NAME	UDOW, HENRY A		4, 2 NAME					
STREET ADDRESS	6 HIGH RIDGE PARK		4.3 STREE	FADDRESS	3			
CITY-ST-ZIP	STAMFORD CT 06905		4.4 CITY-S	T-ZIP				
TITLE	VP	DELETE	5.1 TITLE		(11)	Change		
NAME	BANGS, NELSON A	•	5.2 NAME		c. David Hitchiner			
STREET ADDRESS	8144 WALNUT LANE		5.3 STREE	FADDRESS				
CITY-ST-ZIP	DALLAS TX		5.4 CITY-S	T-ZIP	Plano, 7x 75024			
TITLE	S	☐ DELETE	6.1 TITLE			Change Addition		
NAME	JAKUBEK, PAUL J		6.2 NAME					
STREET ADDRESS	6 HIGH RIDGE PARK		6.3 STREE	ADDRESS	3			
	STAMFORD CT 06905		6.4 CITY-S					
CITY-ST-ZIP	STAMPURD UT 00503		0.7 0111-0	· =	d in Continue 110 07/3/6) Etarida Statutos I furthar partifu ti			

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 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, with all other like empowered.