

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13 1998 8:00am
Secretary of State

DOCUMENT # F97000001951 (9)

1. Corporation Name

PAPSI-PROCESS & PACKAGING SYSTEMS INTERNATIONAL
CO.



Principal Place of Business

Mailing Address

163 PROMENADE CIR.
HEATHROW FL 32746-4380

163 PROMENADE CIR.
HEATHROW FL 32746-4380

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1997

4. FEI Number

59-3179433

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 265 EAGLE ESTATES CT.

Suite, Apt. #, etc.

22

City & State

23 DE BARY FL

Zip

24 32713

Country

25 USA

2a. Mailing Address

26 265 EAGLE ESTATES CT.

Suite, Apt. #, etc.

27

City & State

28 DE BARY FL

Zip

29 32713

Country

30 USA

9. Name and Address of Current Registered Agent

AGUTO, REMEDIOS G
163 PROMENADE CIR.
HEATHROW FL 32746-4380

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

265 EAGLE ESTATES CT

83

84 City

DE BARY

FL

85 Zip Code

32713

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 title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE

CT
NAME AGUTO, ANTONIO A
STREET ADDRESS 163 PROMENADE CIR.
CITY-ST-ZIP HEATHROW FL 32746-4380

☐ DELETE

PS
NAME AGUTO, REMEDIOS G
STREET ADDRESS 163 PROMENADE CIR.
CITY-ST-ZIP HEATHROW FL 32746-4380

☐ DELETE

D
NAME AGUTO, JOSE A M.D.
STREET ADDRESS 5 SPRING GREEN LANE
CITY-ST-ZIP COCKEYSVILLE MD 21030

☐ DELETE

VD
NAME AGUTO, FELIX A PE
STREET ADDRESS 108 BUNGA ST, AYALA ALABANG, MUNITINLUPA
CITY-ST-ZIP METRO MANILA, PHILIPPINES

☐ DELETE

☐ DELETE

☐ DELETE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. 1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

265 EAGLE ESTATES CT.

DE BARY FL 32713



Change



Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

265 EAGLE ESTATES CT.

DE BARY FL 32713



Change



Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP



Change



Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP



Change



Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP



Change



Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP



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 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 in an attachment with an address.

CR2E034 (10/97)