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PROFIT CORPORATION ANNUAL REPORT

1997



I am an officer or director of the corporation or the receiver et trustee empowered to e appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 22 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L80741

(6)

BACARDI TRADING CO.

Principa Place of Business Mailing Address		Madura Address	29					
,		v	5830 MAYNADA					
5830 MAYNADA CORAL GABLES FL 33146		CORAL GABLES FL 33146-2654						
					3. Date Incorporated or Qualified 06/15/1990	3a. Date of L 03/22/19		
2. Principal Place of Business 21		2a. Mailing Address 26			4. FEI Number 65-0256379	6E 00E0070		
Suite, Apl	#, etc.	Suite, Apt. #, etc.		•		- \$8	Not Applicable 75 Additional	
22		27			5. Certificate of Status Desired	7 -	ee Required	
City & State	11.	City & State			6. Election Campaign Financing	\$5	.00 May Be	
23		28			Trust Fund Contribution		ided to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for	intangible tax un	der s. 199.032,	
24	25	29	30		Florida Statutes	Yes 🛂 No	•	
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New R	egistered Agent		
BACARDI, FACUNDO				61 Name				
) MAYNADA		B2 Street Address (Address (P.O. Box Number is Not Accepta	ible)		
COR	VAL GABLES FL 33148				The second of th	,		
				83				
				B4 (City)	***************************************	11		
				84 City		FL 85	Zip Code	
	egistereo agent, or both, in the S	state of his rida. Such change wa:	s authorized	t by the co	poration's board of directors. I hereby acce	ept the appointme	nt as registered	
SIGNATURE	5	PRESIDENT			•	1-14-9	7	
SIGNATURE	Signature. Disect or printed name of rigisters	d agent and title if applicable. (N	OTE: Flagistered		e required when reinstating)	1-14-9		
SIGNATURE 12.	Signature Dise For printed name of right en- OFFICERS	d agent and other if applicable. (N	OTE: Flegistered	Agent signatul	•	DATE ICERS AND DIRE	CTORS IN 12	
SIGNATURE 12.	Signature. Sect or purcless name of negisters OFFICERS	d agent and title if applicable. (N	OTE: Registered 13.	Agent signatui	e required when reinstating)	1-14-9	CTORS IN 12	
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