

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

FILED
Jan 22 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # L80741 (6)

1. Corporation Name
BACARDI TRADING CO.



Principal Place of Business Mailing Address
5830 MAYNADA **5830 MAYNADA**
CORAL GABLES FL 33146 **CORAL GABLES FL 33146-2654**

3. Date Incorporated or Qualified 3a. Date of Last Report
06/15/1990 **03/22/1996**

21	2. Principal Place of Business	2a	2a. Mailing Address	4	4. FEI Number	Applied For	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0256379	Not Applicable	
22	22. City & State	27	27. City & State	5	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
	City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
23	23. Zip	28	28. Zip	8	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
	Country		Country		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
24	24. Zip	29	29. Zip				
	Country		Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BACARDI, FACUNDO 5830 MAYNADA CORAL GABLES FL 33146				81	81. Name		
				82	82. Street Address (P.O. Box Number is Not Acceptable)		
				83	83. City		
				84	84. City	FL	85

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 PRESIDENT 1-14-97
Signature of registered agent or person named as registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACARDI, FACUNDO	1.2 NAME	
STREET ADDRESS	5830 MAYNADA	1.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 FACUNDO BACARDI PRESIDENT 1-14-97
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)