

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90178 015 \*\*\*158.75

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                |                                                                       |                                                          |                                                                                                                                                                                                              |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P02000081035</b><br>1. Entity Name<br><b>MIAMI BOTTLING &amp; PACKAGING GROUP, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                |                                                                       |                                                          |                                                                                                                                                                                                              |  |
| Principal Place of Business<br><b>7340 NW 35 AVE<br/>         MIAMI, FL 33142</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                | Mailing Address<br><b>7340 NW 35 AVE<br/>         MIAMI, FL 33142</b> |                                                          |                                                                                                                                                                                                              |  |
| 2. Principal Place of Business<br><b>7340 NW 35 AVE</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                | 3. Mailing Address<br><b>7340 NW 35 AVE</b><br>Suite, Apt. #, etc.    |                                                          |                                                                                                                                                                                                              |  |
| City & State<br><b>MIAMI FLORIDA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                | City & State<br><b>MIAMI FLORIDA</b>                                  |                                                          | 4. FEI Number<br><b>03-0474426</b>                                                                                                                                                                           |  |
| Zip<br><b>33147</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                | Country<br><b>USA</b>                                                 |                                                          | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                   |  |
| 6. Name and Address of Current Registered Agent<br><b>GUIXENS, JUAN J<br/>         5800 NW 32 COURT<br/>         MIAMI, FL 33147</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                |                                                                       |                                                          | 7. Name and Address of New Registered Agent<br>Name <b>DANIEL FILS-AIME, JR</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>7340 NW 35 AVE</b><br>City <b>MIAMI</b> FL Zip Code <b>33147</b> |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE <u><i>Daniel Fils-Aime Jr</i></u> DATE <b>5/1/03</b><br><small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when writing.)</small>                                                                                                                                                                                        |                                                                                                |                                                                       |                                                          |                                                                                                                                                                                                              |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2003 Fee will be \$550.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                |                                                                       |                                                          | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                          |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                |                                                                       | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11    |                                                                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PTD BATEAU, MARYSE<br>404 BERMUDA SPRINGS<br>WETON, FL 33326                                   |                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | PTD MARYSE BATEAU<br>404 BERMUDA SPRINGS<br>WESTON, FL 33326 (Correction)                                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VSD GGUIXENS, JUAN J<br>5800 NW 32 CT<br>MIAMI, FL 33147                                       |                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | VICE PRESIDENT<br>GUIXENS, JUAN, JR.<br>5800 NW 32nd CT<br>MIAMI, FL 33147                                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CORPORATE SECRETARY<br>DANIEL FILS-AIME, JR.<br>17600 NW 68th AVE, B-2008<br>HIALEAH, FL 33016 |                                                                       | (Change) (Addition)                                      |                                                                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (Delete)                                                                                       |                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | (Change) (Addition)                                                                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (Delete)                                                                                       |                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | (Change) (Addition)                                                                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (Delete)                                                                                       |                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | (Change) (Addition)                                                                                                                                                                                          |  |
| 12. 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 report or supplemental 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                |                                                                       |                                                          |                                                                                                                                                                                                              |  |
| SIGNATURE: <u><i>Maryse Bateau</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                |                                                                       | DATE <b>5/1/03</b> DAYTIME PHONE # <b>(786) 295-9311</b> |                                                                                                                                                                                                              |  |

CERTIFIED MAIL # 7000 1670 0010 6172 6259