SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 5, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $875)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUL -7 AM 9:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P08426 (9)

1. Corporation Name
RUM ROW, LTD., CO.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
P.O. BOX 1040 GRAND CAYMAN CAYMAN ISLAND	P.O. BOX 1040 GRAND CAYMAN CAYMAN ISLAND

3. Date Incorporated or Qualified: 12/16/1985
3a. Date of Last Report: 02/17/1994

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24 / 25	Zip / Country	29 / 30	Zip / Country

4. FEI Number: NOT APPLICABLE ☐ 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 has liability for intangible tax under s. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SALVATORI, LEO J.
4501 TAMIAMI TRAIL NO., STE 300
NAPLES FL 33940-0060

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	1.1 TITLE	PD	☒ Change ☒ Addition
NAME	PERALTA, ALEJO	1.2 NAME	Schmidt, Eveline	
STREET ADDRESS	ORIENTE 171, #398	1.3 STREET ADDRESS	Campos Eliseos 112-A, Col. Polanco	
CITY-ST-ZIP	MEXICO	1.4 CITY-ST-ZIP	11560 Mexico, DF	
TITLE	VTD	2.1 TITLE	STD	☒ Change ☒ Addition
NAME	CUMMINGS, ALEJANDRO	2.2 NAME	Doerr, Daniel	
STREET ADDRESS	MONTES URALES NO. 460	2.3 STREET ADDRESS	2100 Washington	
CITY-ST-ZIP	COL. LOMAS DE CHAPULTEPEC ME	2.4 CITY-ST-ZIP	Grafton, WI 53024	
TITLE	AS	3.1 TITLE	AS	☐ Change ☐ Addition
NAME	SCHRODER CAYMAN BK & TRS	3.2 NAME	Schroder Cayman Bk & Trs	
STREET ADDRESS	WEST WIND BUILDING	3.3 STREET ADDRESS	West Wind Building	
CITY-ST-ZIP	CAYMAN ISLAND	3.4 CITY-ST-ZIP	Cayman Island	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	DOERR, LEE A.	4.2 NAME	Peralta, Alejo	
STREET ADDRESS	2100 WASHINGTON	4.3 STREET ADDRESS	Oriente 171, #398	
CITY-ST-ZIP	GRAFTON WI	4.4 CITY-ST-ZIP	Mexico	
TITLE		5.1 TITLE	D	☐ Change ☒ Addition
NAME		5.2 NAME	Loos, Henry J.	
STREET ADDRESS		5.3 STREET ADDRESS	411 East Wisconsin Avenue	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Milwaukee, WI 53202	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] 6-30-95 444-277-5179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01B4864 IN