

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P08426 (9)

1. Corporation Name

RUM ROW, LTD., CO.

Principal Place of Business

P.O. BOX 1040
GRAND CAYMAN
CAYMAN ISLAND

Mailing Address

P.O. BOX 1040
GRAND CAYMAN
CAYMAN ISLAND



3. Date Incorporated or Qualified
12/16/1985

3a. Date of Last Report
07/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of 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 PD ☐ DELETE
NAME SCHMIDT, EVELINE
STREET ADDRESS CAMPOS ELISEOS 112A COL. PALANCO
CITY-STATE-ZIP MEXICO DF

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE STD ☐ DELETE
NAME DOERR, DANIEL
STREET ADDRESS 2100 WASHINGTON
CITY-STATE-ZIP GRAFTON WI

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE PERA ☒ DELETE
NAME ~~PERA~~
STREET ADDRESS ~~ORIENTE 171, No 398, Col. San Juan Aragon~~
CITY-STATE-ZIP ~~MEXICO, D.F. 07470~~

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME D
3.3 STREET ADDRESS Peralta, Alejo
3.4 CITY-STATE-ZIP Oriente 171, No 398, Col. San Juan Aragon
Mexico, D.F. 07470

TITLE ~~PERA~~ ☒ DELETE
NAME ~~PERA~~
STREET ADDRESS ~~ORIENTE 171, No 398, Col. San Juan Aragon~~
CITY-STATE-ZIP ~~MEXICO, D.F. 07470~~

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME D
4.3 STREET ADDRESS Loos, Henry
4.4 CITY-STATE-ZIP 411 East Wisconsin Avenue
Milwaukee, WI 53202

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)