198.

AMOUNT DUE ON OR BEFORE 05/15/99: $550 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $700.

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

99 SEP 13 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08426 ✓

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1985

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 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 owes the current year Intangible Personal Property. ☐ 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

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 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 submitting)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHMIDT, EVELINE		1.2 NAME	900002988269--
STREET ADDRESS	CAMPOS ELISEOS 112A COL. PALANCO		1.3 STREET ADDRESS	-09/15/99--01098--00
CITY-ST-ZIP	MEXICO DF		1.4 CITY-ST-ZIP	****550.00 ****550200
TITLE	STD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DOERR, DANIEL		2.2 NAME	
STREET ADDRESS	2100 WASHINGTON		2.3 STREET ADDRESS	
CITY-ST-ZIP	GRAFTON WI		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LOOS, HENRY		3.2 NAME	
STREET ADDRESS	411 EAST WINSCONSIN AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI 53202		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

9/13/99

14. 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 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: Ronald A. REQUIRED 07/23/99 (414) 277-5179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Henry J. Loos — Date — Daytime Phone #

CR2E053 (5/99)