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

CORPORATION ANNUAL REPORT



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

1996

P09595

(0)

**DOCUMENT #** 1. Corporation Name

## **NESTLE PRODUCTS EXPORT CORPORATION**

Principal Place of Business Mailing Address									
**PENINSULA REGISTERED AGENTS, INC. ***PENINSULA REGISTERE 200 S. BISCAYNE BLVD #4800 ***200 S. BISCAYNE BLVD ***MIAMI FL 33131 ****MIAMI FL 33131			YNE BLVD STI						
US		U\$	U\$			03/27/1986	3a. Date of Last Re 04/24/19		
2. Principal Pla	ice of Business	2a. Mailing Addres	s			4. FEI Number	L	Applied For	
21 26						59-2678197		Not Applicable	
Suite, Apt. #, elc. Suite, Apt. # 27			te, Apt. #, etc.			5. Certificate of Status Desired	T	Additional Required	
			y & State			6. Election Campaign Financing	\$5.00	D May Be	
23		28				Trust Fund Contribution		to Fees	
Zip	Country	Zip	c	ountry		8. This corporation has liability for int		199.032,	
24	25	29	30			Florida Statutes X Yes			
9. Name and Address of Current Registered Agent					Name	10. Name and Address of New Re	Jistered Agent		
					name				
PENINSULA REGISTERED AGENTS, INC.				82	Street A	Address (P.O. Box Number is Not Acceptable)			
200 S. BISCAYNE BLVD. STE. 4800				83					
MIAMI FL 33131				-			Ta-1 -		
1112 4441				84	City		FL 85 Zic	o Code	
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida	Statutes, the a	bove-r	amed co	rporation submits this statement for the purpo	ose of changing its re	egistered office	
or register	ed agent, or both, in the State of Flori h, and accept the obligations of, Sect	da. Such chance was a	Janorizea by thi	e corpo	oration's	board of directors. I hereby accept the appoir	ilment as registered	ageni. i am	
SIGNATURE _									
	Signature, typod or printed name of registered agent				l signature re	equired which reinstating:	DATE DIDECTO	DO IN 12	
12.	OFFICERS AN	D DIRECTORS	13	1 TITLE		ADDITIONS/CHANGES TO OFFIC	Change	Addition	
TITLE	FREI, ROLF	[] beec		2 NAME			₹7 c.reBo		
NAME STREET ADDRESS	CHURCHHILL-ROOSEVELT	HIGHWAY			ADDRESS	CHURCHILL-ROOSEVELT HI	CHWAY		
CITY-SI-ZIP	VALSAYN, TRINIDAD & TAI			4 CHY-S		VALSAYN, TRINIDAD & TO			
TITLE	V	DELE		1 TITLE			Change	☐ Addition	
NAME	LUGO, YIRA		2:	2 NAME					
STHEET ADDRESS	8350 NW 52ND TERRSCE	#201	2.3	3 STREET	ADDRESS	8350 NW 52ND TERRACE #	201		
CITY-ST-ZIP	MIAMI FL		2	4 CITY - S	î - ZIP	MIAMI, FL 33166			
TITLE	D	DELE	E 3	1 TITLE		D	Change	☐ Addition	
NAME	DUPONT, A.		3.3	2 NAME		DUPONT, ALPHONSE			
STREET ADDRESS	CH-1814		3.3	3. STREET	ADDRESS	AV. DU VALAIS, 12			
CITY - ST- ZIP	LA TOUR-DE-PEILZ, SWITZ	· ——		4 CITY-S	1 - <b>Z</b> IP	1896 VQUVRY	Chassa	E-1 Addition	
TUTLE	D 0	DELE		1 TITLE		D DARGIUED CACTON	☐ Change	Addition	
NAME	VAN DE LOO, G.			2 NAME	*BB8500	BAECHLER, GASTON	2		
STREET ADDRESS	CH-1814 LA TOUR-DE-PEILZ SW				ADDRESS	CH. VERS CHEZ COCHARD,	3		
CITY-ST-ZIP	D D	DELE		4 CITY - S 1 TITLE	1-211	D BLONAY	Change	☐ Addition	
NAME	CANTACUZENE, A.			2 NAME		CANTACUZENE, ALEXANDRE			
NOAVIE	CH 1014				ADDRECC	UVACINTUE 42			

AV. DE LA CRESSIRE, 3 1814 LA TOUR DE PEILZ 14. Ido 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.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6 4 CITY-ST-ZIP

6 1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

LA TOUR-DE-PEILZ SW

17, CH. DE LA PROMESSE

LA-TOUR-DE-PEILZ, SW

HAAS, REINHOLD

Y1ra Lugo April 16, 1996

E AND TYPEG OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

1884 VILLARS

GILLETT, GORDON

(305) 593-0773

☐ Change

Addition

- A ADDINGON BEN DONIO NONO, ONNIO ESPECA SEEN BROW STORN OF SEEN BROW DISCUSSION DE CONTRACTOR DE C

CR2E034 (12/95)