

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P09595** (0)  
1. Corporation Name  
**NESTLE PRODUCTS EXPORT CORPORATION**

Principal Place of Business <b>%PENINSULA REGISTERED AGENTS, INC. 200 S. BISCAYNE BLVD., #4800 MIAMI FL 33131 US</b>	Mailing Address <b>%PENINSULA REGISTERED AGENTS, INC. 200 S. BISCAYNE BLVD., STE. 4800 MIAMI FL 33131 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/27/1986</b>	
21		26		4. FEI Number <b>59-2678197</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

**PENINSULA REGISTERED AGENTS, INC.  
200 S. BISCAYNE BLVD.  
STE. 4800  
MIAMI FL 33131**

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

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREI, ROLF	1.2 NAME	MIGUEL, PAULO
STREET ADDRESS	CHURCHILL-ROOSEVELT HIGHWAY	1.3 STREET ADDRESS	CHURCHILL-ROOSEVELT HIGHWAY
CITY-ST-ZIP	VALSAYN TR	1.4 CITY-ST-ZIP	VALSAYN TR
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUGO, YIRA	2.2 NAME	DUPONT, DOMINIQUE
STREET ADDRESS	8350 NW 52ND TERRACE, SUITE 201	2.3 STREET ADDRESS	CHARLEMAGNE, 14
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	1896 VOUVRY
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUPONT, ALPHONSE	3.2 NAME	ABA, DENIS
STREET ADDRESS	AV. DU VALAIS, 12	3.3 STREET ADDRESS	ROUTE DE ST. MAURICE 54
CITY-ST-ZIP	1896 VQ	3.4 CITY-ST-ZIP	1814 LA TOUR-DE-PEILZ
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	BAECHLER, GASTON	4.2 NAME	
STREET ADDRESS	CH. VERS CHEZ COCHRAD, 3	4.3 STREET ADDRESS	
CITY-ST-ZIP	1687 BL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	CANTACUZENE, ALEXANDRE	5.2 NAME	
STREET ADDRESS	HYACINTHE, 42	5.3 STREET ADDRESS	
CITY-ST-ZIP	1884 VI	5.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	GILLET, GORDON	6.2 NAME	
STREET ADDRESS	AV. DE LA CRESSIRE, 3	6.3 STREET ADDRESS	
CITY-ST-ZIP	1814 LA TOUR DE PE	6.4 CITY-ST-ZIP	

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:  Paulo Miguel  
Asst. Vice President

29.04.98 (868)663-6832

CR2E034 (1097)