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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P32588

1. Corporation Name

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TITLE

PAULANER NORTH AMERICA CORPORATION

FILED
Mar 01, 1999 8:00 am
Secretary of State
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03-01-1999 90136 005 ***150.00

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Principal Place of Business Mailing Address					-	iladı dilət ibidi idir ətali.	PID)I ALARY ASARI AI	0 0 1	
8100 S. AKRON		8100 S. AKRON							
SUITE 313	•	SUITE 313			-				
ENGLEWOOD (OD 80112	ENGLEWOOD CO 80112			DO NOT WRITE IN THIS SPACE				ı
ปร		US			3. Date Incorporated o	r Qualifed			ì
					01/18/1991	_ 			l
2. Principal Place of Business		2a. Mailing Address			1 / 		<u> </u>	plied For	
7		26			84-1149606			Applicable_	l
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required			l	
إذد		27						<u>`</u>	l
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
**)		28			Trust Fund Contribu			rees	1
Zip	Country	Zip Country			8. This corporation own	•	itangible	M No	ĺ
24	25		30		Personal Property T 10. Name and Address			<u></u>	1
	9. Name and Address of Current	Registered Agent	81	Name	10. Haille alla Address	O New Negistaled	Agent		ĺ
CT (CORPORATION SYSTEM			1141110					
1200 S. PINE ISLAND ROAD		82 Street Add		Street Addr	ess (P.O. Box Number is N	ot Acceptable)			ĺ
	NTATION FL 33324		83						
104	MINION I E GOOZY		03						ĺ
			84	City		: FI	85 Zip C	ode	
	to the provisions of Sections 607.0502	1007 4500 51 11- 51-4-	40.0 - 0.00		aration automita this statem		f changing its	registered	ĺ
77. Pursuant office or i	to the provisions of Sections 607.0502 registered agent, or both, in the State of	าลกิด 607.1508, คิดกิดล Statute: f Florida, Such change was au	thorized by	the corporatio	on's board of directors. I he	reby accept the appo	intment as rec	jistered	ĺ
agent. I a	im familiar with, and accept the obligati	ons of, Section 607.0505, Flori	da Statutes	•					ĺ
SIGNATURE				t signature required	4	DATE			۱.
12.	Signature, typed or printed name of registered agent OFFICERS AND		13,	r aignardie reduied	ADDITIONS/CHANG		ND DIRECTO	RS IN 12	8
TITLE	P	DÉLETE	1.1 TITLE				Change	Addition	*
NAME	COLEMAN, JEFFREY H		1.2 NAME				-		
	ARAA AWEET WATER BOAR		1.3 STREET	ADDRESS					}
STREET ADDRESS	LITTLETON CO								غ ا
CITY-ST-ZIP	S	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE				[] Change	Addition	(
TITLE			2.2 NAME						ļ
NAME	COLEMAN, JEFFREY H 8398 SWEETWATER RD.		2.3 STREET	ADDDECC	;				1
STREET ADDRESS	****				1]
CITY-ST-ZIP TITLE	LITTLETON CO	DELETE	2.4 CITY-S 3.1 TITLE		rector		Change	Addition	1
	D SOCOCED SECRETARY	Proceed	3.2 NAME	70	widwilliams	iση _	γω, ν		
NAME	BOERGER, HERMAN J		3.3 STREET	ADDRESS DE	acrstrasse 28	Export Da	7		ĺ
STREET ADDRESS	HOCHSTRASSE 75 5000/90			T ZID	evid Williams gerstrasse 28 Muniett Ger	mainy 815	41		1
CITY-ST-ZIP	MUNICH GE	☐ DELETE	3.4. CITY-S 4.1 TITLE	1-217	FINNEH CU	TTICK IY OT	Change	Addition	l
TITLE			4.1 HILE 4. 2 NAME				_ ,	_	l
NAME			4. 2 NAME 4.3 STREET	ADDECO					i
STREET ADDRESS				J					1
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S	- ZIP			[] Change	Addition	ł
TITLE	ļ	E pereir	GO NAME	J			93		

that is filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 are or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the ment with an address, with all other like empowered. 14. I hereby certify that the information supplied with indicated on this annual report or supplementate officer or director of the corporation or the recessions 12 or Block 13 if changed, or on an analysis.

53 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

1.29.99

303.792.3242

Change

Addition