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 # **P93000013826 (1)**

1. Corporation Name

MICHELOB POLO MERCHANDISE, INC.

Principal Place of Business	Mailing Address
~~9200 S DADELAND BLVD~~ ~~STE 204~~ MIAMI FL 33156 US	~~9200 S DADELAND BLVD~~ ~~STE 204~~ MIAMI FL 33156 US

2. Principal Place of Business
21 9300 S. DADELAND BLVD.
Suite, Apt. #, etc.
22 STE. 400
City & State
23
Zip 24 | Country 25

2a. Mailing Address
26 9300 S. DADELAND BLVD.
Suite, Apt. #, etc.
27 STE. 400
City & State
28
Zip 29 | Country 30

3. Date Incorporated or Qualified: 02/16/1993
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0390600 ☐ 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**

THOMPSON, BAIRD M
~~9200 S DADELAND BLVD~~
~~STE 204~~
MIAMI FL 33156

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 9300 S. DADELAND BLVD.
83 STE. 400
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 _____ DATE
Signature, typed or printed name of individual with authority to sign on behalf of corporation

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BUSCH, ADOLPHUS IV		1.2 NAME	
STREET ADDRESS	~~9200 S DADELAND BLVD / STE 204~~		1.3 STREET ADDRESS	9300 S. DADELAND BLVD. #400
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, BAIRD		2.2 NAME	
STREET ADDRESS	~~9200 S DADELAND BLVD / STE 204~~		2.3 STREET ADDRESS	9300 S. DADELAND BLVD #400
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			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	

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: _____ BAIRD THOMPSON 6/15/96 305-670-2727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)