

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

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90175 036 \*\*\*150.00

DOCUMENT # P93000013826

1. Corporation Name  
MICHELOB POLO MERCHANDISE, INC.



Principal Place of Business  
9300 S. DADELAND BLVD.  
STE. 400  
MIAMI FL 33156  
US

Mailing Address  
9300 S. DADELAND BLVD.  
STE. 400  
MIAMI FL 33156  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1993

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business  
21 13700 SW 74 COURT

2a. Mailing Address  
26 13700 SW 74 COURT

Suite, Apt. #, etc.  
22 N/A

Suite, Apt. #, etc.  
27 N/A

City & State  
23 MIAMI FL

City & State  
28 MIAMI FL

Zip  
24 33158

Zip  
29 33158

Country  
30 US

9. Name and Address of Current Registered Agent

THOMPSON, BAIRD M  
9300 S. DADELAND BLVD.  
STE. 400  
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

13700 SW 74 COURT

83 -N/A-

84 City MIAMI

85 Zip Code FL 33158

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/99

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BUSCH, ADOLPHUS IV  
STREET ADDRESS 9300 S. DADELAND BLVD. #400  
CITY-ST-ZIP MIAMI FL

TITLE STD  
NAME THOMPSON, BAIRD  
STREET ADDRESS 9300 S. DADELAND BLVD. #400  
CITY-ST-ZIP MIAMI FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 13700 SW 74 COURT  
1.4 CITY-ST-ZIP 33158

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 13700 SW 74 COURT  
2.4 CITY-ST-ZIP 33158

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99 305-252-3811

Date

Daytime Phone #

CR2E034 (11/98)

02/19/99