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

PROFIT CORPORATION ANNUAL REPORT

1997

CHTY-ST-76

appears in Block 12 or



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500007232 (8)

COMPANIA DE ALMACENAMIENTO DE ALCOHOLES Y MIELES GUASABACOA S.A., INC.

Principal Place of Business Mailing Address 7400 S.W. 123 AVE. 7400 S.W. 123 AVE. MIAM! FL 33183 MIAMI FL 33183-3614 3a. Date of Last Report 3. Date Incorporated or Qualified 01/27/1995 06/05/1996 2. Principal Place of Business FEI Number 2a. Mailing Address Applied For 65-0558223 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 邥 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country Country 8. This corporation has liability for intangible tax under s. 199.032, Zip 24 25 29 30 Yes Florida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name ARGUELLES, JOSE I 7400 S.W. 123 AVE. 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33183 83 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, typical or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) 13. 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE DELETE n 1.1 TITLE Change Addition NAME arguelles, jose i 1.2 NAME 7400 S.W. 123 AVE STREET ADDRESS 1.3 STREET ADORESS **MIAMI FL 33183** CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHTY-SI-7/P 2.4 CITY-ST-ZIP DELETE Addition THREE 3.1 TITLE ☐ Change NAME 3.2 NAME STREET ADDRESS **3.3 STREET ADORESS** CITY - S1 - ZIF 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-SI-ZIP 54 CITY-ST-ZIP DELETE TITLE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

President SIGNATURE: SIGNATURE AND TYPED OR FICER OR DIRECTOR

I do hereby certify that the information supplied with this filing does not qualify information indicated on this appear report or supplemental annual report is to

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information indicated on this anguer report or supplement am an officer or director of the corporation or the rece

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4/28/97 (305)591~3455

Daytime Phone #

for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the and accurate and that my signature shall have the same legal effect as if made under oath; that ledito execute this report as required by Chapter 607, Florida Statutes; and that my name as Jose L. Arguelles

FILED

May 13 1997 8:00am

Secretary of State