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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V44832** **(6)**

1. Corporation Name

HEINEKEN LATIN AMERICA AND CARIBBEAN INCORPORATE D

Principal Place of Business

1 ALHAMBRA PLAZA
SUITE 1105
CORAL GABLES FL 33134

Mailing Address

1 ALHAMBRA PLAZA
SUITE 1105
CORAL GABLES FL 33134

3. Date Incorporated or Qualified: **06/19/1992**

3a. Date of Last Report: **01/18/1995**

2. Principal Place of Business
21 800 Douglas Road, Suite 201
Suite, Apt. #, etc.
22
City & State
23 Coral Gables, Fl 33134
Zip 24 33134 Country 25 USA

2a. Mailing Address
26 800 Douglas Road
Suite, Apt. #, etc.
27 201
City & State
28 Coral Gables, Fl 33134
Zip 29 33134 Country 30 USA

4. FEI Number: **65-0346038** ☐ 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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**PST** **PLAUGMANN, KAI M** **1 ALHAMBRA PLAZA, #1105** **CORAL GABLES FL** ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	**PST** ☐ Change ☒ Addition **G. Rodney Habbershaw** **800 Douglas Road, Suite 201** **Coral Gables, FL 33134**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**D** **NAP, KEES** **2E WETERINGPLANTSOEN 21** **1017 AMSTERDAM, NETHERLANDS** ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**D** **VAN OORDT, JAAP L** **1 ALHAMBRA PLAZA, #1105** **CORAL GABLES FL 33134** ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☒ Change ☐ Addition **800 Douglas Road, Suite 201** **Coral Gables, Fl 33134**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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)(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: G.R Habbershaw **G.R Habbershaw** **8th February 1996** **305-461-2616**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #