

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **836686** (6)

1. Corporation Name
NESTLE BEVERAGE COMPANY



Principal Place of Business: **345 SPEAR ST, SAN FRANCISCO CA 94105, US**
 Mailing Address: **345 SPEAR ST, SAN FRANCISCO CA 94105, US**

3. Date Incorporated or Qualified: **07/15/1976**
 3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-23) and Mailing Address (26-30) fields with sub-sections for Suite, Apt #, etc., City & State, and Zip/Country.

4. FEI Number: **94-2352301**
 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 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85)
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D	<input type="checkbox"/>
NAME	WELLER, JOSEPH M.	
STREET ADDRESS	750 CHESTER AVE	
CITY-ST-ZIP	SAN MARINO CA	
TITLE	C	<input checked="" type="checkbox"/>
NAME	MILLER, PAUL	
STREET ADDRESS	345 SPEAR ST	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	D	<input checked="" type="checkbox"/>
NAME	CORTI, MARIO	
STREET ADDRESS	487 W CALIFORNIA BLVD	
CITY-ST-ZIP	PASADENA CA	
TITLE	V	<input type="checkbox"/>
NAME	THOMPSON, RICHARD L	
STREET ADDRESS	345 SPEAR ST	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	VP	<input checked="" type="checkbox"/>
NAME	COLLINS, CRAIG	
STREET ADDRESS	16 SHELL RD	
CITY-ST-ZIP	MILL VALLEY CA	
TITLE	VP	<input type="checkbox"/>
NAME	ADRIAN, KRISTIN	
STREET ADDRESS	5833 MCANDREW DR	
CITY-ST-ZIP	OAKLAND CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
22 NAME	EDWARD MARRA		
23 STREET ADDRESS	345 SPEAR ST.		
24 CITY-ST-ZIP	SAN FRANCISCO, CA 94105		
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE	VP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
52 NAME	DOUGLAS HOLDT		
53 STREET ADDRESS	345 SPEAR ST.		
54 CITY-ST-ZIP	SAN FRANCISCO, CA 94105		
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *DM Holdt* *V.P.* **8/5/96** **415-546-9600**

CR2E034 (3/96)