

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

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**Apr 25 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # F95000004031 (9)

F. Corporation Name

Brau & Brunnen U.S.A., Ltd.

Principal Place of Business: **1333 W. 120th Ave., #110 Westminster, CO 80234**
Mailing Address: **1333 W. 120th Ave., #110 Westminster, CO 80234**

3. Date Incorporated or Qualified 08/21/95	3a. Date of Last Report 03/26/96
4. FEI Number 84-1185-703	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent Davis, LB 680 St. Johns Court Winter Park, FL 32792	10. Name and Address of New Registered Agent 81. Name Lori Meslow 82. Street Address (P.O. Box Number is Not Acceptable) 1431 Conservancy Dr. East 83. 84. City Tallahassee FL 85. Zip Code 32312
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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: *Lori a meslow* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P <input checked="" type="checkbox"/> DELETE	NAME: Graefenhain, Gunter	1.1 TITLE: P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Graefenhain, Don
STREET ADDRESS: 4841 W. 103rd Ave	CITY, ST, ZIP: Westminster, CO 80030	1.2 NAME:	1.3 STREET ADDRESS: 4901 W. 93rd #1838
TITLE: S <input type="checkbox"/> DELETE	NAME: Graefenhain, Tina	1.4 CITY-ST-ZIP: Westminster, CO 80030	2.1 TITLE:
STREET ADDRESS: 4841 W. 103rd Ave	CITY, ST, ZIP: Westminster, CO 80030	2.2 NAME:	2.3 STREET ADDRESS:
TITLE: <input type="checkbox"/> DELETE	NAME:	2.4 CITY-ST-ZIP:	3.1 TITLE:
STREET ADDRESS:	CITY, ST, ZIP:	3.2 NAME:	3.3 STREET ADDRESS:
TITLE: <input type="checkbox"/> DELETE	NAME:	3.4 CITY-ST-ZIP:	4.1 TITLE:
STREET ADDRESS:	CITY, ST, ZIP:	4.2 NAME:	4.2 NAME:
TITLE: <input type="checkbox"/> DELETE	NAME:	4.3 STREET ADDRESS:	4.3 STREET ADDRESS:
STREET ADDRESS:	CITY, ST, ZIP:	4.4 CITY-ST-ZIP:	4.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME:	5.1 TITLE:	5.1 TITLE:
STREET ADDRESS:	CITY, ST, ZIP:	5.2 NAME:	5.2 NAME:
TITLE: <input type="checkbox"/> DELETE	NAME:	5.3 STREET ADDRESS:	5.3 STREET ADDRESS:
STREET ADDRESS:	CITY, ST, ZIP:	5.4 CITY-ST-ZIP:	5.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE:	6.1 TITLE:
STREET ADDRESS:	CITY, ST, ZIP:	6.2 NAME:	6.2 NAME:
TITLE: <input type="checkbox"/> DELETE	NAME:	6.3 STREET ADDRESS:	6.3 STREET ADDRESS:
STREET ADDRESS:	CITY, ST, ZIP:	6.4 CITY-ST-ZIP:	6.4 CITY-ST-ZIP:

4/25/97

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***165.00**

14. I declare that the true information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Don Graefenhain* 4/21/97 (303) 280-1525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)