

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000003538 (6)**

1. Corporation Name
MERCON COFFEE CORPORATION



Principal Place of Business

61 BROADWAY
NEW YORK NY 10006
US

Mailing Address

61 BROADWAY
SUITE 2220
NEW YORK NY 10006
US

2. Principal Place of Business

21 | 2 Hudson Place

Suite, Apt. #, etc.

22 | 8TH FLOOR

City & State

23 | Hoboken, NJ

Zip

07030

Country

2a. Mailing Address

26 | 2 Hudson Place

Suite, Apt. #, etc.

27 | 8TH FLOOR

City & State

28 | Hoboken, NJ

Zip

07030

Country

3. Date Incorporated or Qualified

08/02/1993

3a. Date of Last Report

03/02/1995

4. FEI Number

13-3121844

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

BALTODANO, J. ANTONIO
BRICKELL BAY OFFICE TOWER
1001 SOUTH BAY SHORE DRIVE, SUITE 1804
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

1001 South Bayshore Drive, Suite 1804
Mimai, FL 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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 607.0503, Florida Statutes.

SIGNATURE

Signature of the person who is to be appointed as registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	BALTODANO, J. ANTONIO	
STREET ADDRESS	61 BROADWAY, SUITE 2220	
CITY-ST-ZIP	NY NY 10006	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ENDERLIN, ANDREAS	
STREET ADDRESS	61 BROADWAY, SUITE 2220	
CITY-ST-ZIP	NY NY 10006	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CAMERINI, EZEQUIEL	
STREET ADDRESS	% FOX & HORAN, 1 BROADWAY	
CITY-ST-ZIP	NY NY 10004	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HERMANN, DAVID	
STREET ADDRESS	61 BROADWAY, SUITE 2220	
CITY-ST-ZIP	NY NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BALTODANO, DUILIO P	
STREET ADDRESS	61 BROADWAY, SUITE 2220	
CITY-ST-ZIP	NY NY 10006	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
14 CITY-ST-ZIP	1001 South Bayshore Drive, Suite 1804
15 CITY-ST-ZIP	Mimai, FL 33131
<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
20 NAME	2 Hudson Place, 8th Floor
21 STREET ADDRESS	Hoboken, NJ 07030
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	2 Hudson Place, 8th Floor
43 STREET ADDRESS	Hoboken, NJ 07030
44 CITY-ST-ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	2 Hudson Place, 8th Floor
53 STREET ADDRESS	Hoboken, NJ 07030
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 correct in all respects 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 based on 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 create 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: *David A. Hermanns* David A. Hermanns, Treasurer 2/25/96 201/418-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)