

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

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**FILED**  
**Mar 30, 1999 8:00 am**  
**Secretary of State**

03-30-1999 90025 017 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000003538**

1. Corporation Name  
**MERCON COFFEE CORPORATION**



Principal Place of Business 2 HUDSON PLACE 8TH FLOOR HOBOKEN NJ 07030 US	Mailing Address 2 HUDSON PLACE 8TH FLOOR HOBOKEN NJ 07030 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>08/02/1993</b>	4. FEI Number <b>13-3121844</b>	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
22 City & State	27 City & State	6. Election Campaign Financing / Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
23 Zip Country	28 Zip Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24	25	29	30	

<b>9. Name and Address of Current Registered Agent</b>  BALTODANO, J. ANTONIO BRICKELL BAY OFFICE TOWER 1001 SOUTH BAY SHORE DRIVE, SUITE 1908 MIAMI FL 33131	<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALTODANO, J. ANTONIO	1.2 NAME	
STREET ADDRESS	1001 SOUTH BAYSHORE DRIVE SUITE 1804	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENDERLIN, ANDREAS	2.2 NAME	
STREET ADDRESS	2 HUDSONPLACE 8TH FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOBOKEN NJ	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMERINI, EZEQUIEL	3.2 NAME	
STREET ADDRESS	% FOX & HORAN, 1 BROADWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	NY NY 10004	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEILMAN, THEODORE A JR	4.2 NAME	
STREET ADDRESS	2 HUDSON PLACE 8TH FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOBOKEN NJ 07030	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALTODANO, DUILIO P	5.2 NAME	
STREET ADDRESS	2 HUDSON PLACE 8TH FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOBOKEN NJ	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

**SIGNATURE:** *[Signature]* **SIGNATURE REQUIRED** *3/30/99 201-418-5300*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (1-1-98)