

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 21 PM 3: 37

DOCUMENT # **P93000087518 (5)**

1. Corporation Name

MIAMI ESPRESSO COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

820 OBISPO AVE.
CORAL GABLES FL 33134
US

P. O. BOX 144158
CORAL GABLES FL 33114
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/23/1993** 3a. Date of Last Report **06/07/1994**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

4. FEI Number 65-0462478	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	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOFFAT, COLIN D
725 MAJORCA AVENUE
CORAL GABLES FL 33134

81 Name	CESAR PEREZ-ABREU		
82 Street Address (P.O. Box Number is Not Acceptable)	820 OBISPO AVENUE		
83			
84 City	MIAMI	85 State	FL
		86 Zip Code	33134

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 607.050, Florida Statutes.

SIGNATURE *Cesar Perez-Abreu* **Cesar Perez-Abreu, President** **3/15/95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

TITLE	D
NAME	MOFFAT, COLIN D
STREET ADDRESS	725 MAJORCA AVE.
CITY-ST-ZIP	CORAL GABLES FL
TITLE	D
NAME	PEREZ-ABREU, CESAR
STREET ADDRESS	820 OBISPO AVE.
CITY-ST-ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cesar Perez-Abreu	
1.3 STREET ADDRESS	820 Obispo Avenue	
1.4 CITY-ST-ZIP	Miami, Fl. 33134	
2.1 TITLE	VP of Operations	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Emelina Perez-Abreu	
2.3 STREET ADDRESS	820 Obispo Avenue	
2.4 CITY-ST-ZIP	Coral Gables, Fl. 33134	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(b), 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: *Cesar Perez-Abreu*
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR
CESAR PEREZ-ABREU, President

3/15/95 (305) 444-3002
Date Daytime Phone #