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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000087518

1. Corporation Name
MIAMI ESPRESSO COMPANY

Principal Place of Business

820 OBISPO AVE.
CORAL GABLES FL 33134
US

Mailing Address

P. O. BOX 144158
CORAL GABLES FL 33114
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1993

4. FEI Number

65-0462478

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 FIU SOUTH CAMPUS

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.
10700 SW 8TH STREET

27 Suite, Apt. #, etc.

23 City & State
MIAMI, FLORIDA

28 City & State

24 Zip Country
33199 USA

29 Zip Country
30

9. Name and Address of Current Registered Agent

PEREZ-ABRUE, CESAR
820 OBISPO AVENUE
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name PEREZ-ABRUE, CESAR
82 Street Address (P.O. Box Number is Not Acceptable)
5757 BLUE LAGOON DR.
83 SUITE #350
84 City MIAMI FL 85 Zip Code 33126

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 Cesar Perez-Abreu
Signature, typed or printed name of registered agent and title if applicable.

Cesar Perez-Abreu
(NOTE: Registered Agent signature required when reinstating)

1/24/99
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	PEREZ-ABREU, CESAR	820 OBISPO AVENUE	MIAMI FL	<input type="checkbox"/>
V	PEREZ-ABREU, EMELINA	820 OBISPO AVENUE	CORAL GABLES FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
1.1	PEREZ-ABREU, CESAR	5757 BLUE LAGOON DR., SUITE 350	MIAMI, FL. 33126	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1	PEREZ-ABREU, EMELINA	5757 BLUE LAGOON DR., SUITE 350	MIAMI, FL. 33126	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: Cesar Perez-Abreu
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/99
Date Daytime Phone #

CR2E034 (11/98)