

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT #
1. Corporation Name

PA 5000084235

RBM COFFEE COMPANY (USA) CORP.

Principal Place of Business

Mailing Address

8977 SW 147 Av.
Suite 2206
Miami, FL 33186

3. Date Incorporated or Qualified

3a. Date of Last Report

8/30/95

4. FEI Number

Applied For
 Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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. 193.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Keith J. Merrill, Esq.
1320 S. Dixie Hwy., Suite 1100
Coral Gables, FL 33146

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature of Registered Agent (Registered Agent's Title) (Type) (Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE President/Secretary

NAME Rafael Mendoza

STREET ADDRESS 8977 SW 147 Av., Suite 2206, Miami

CITY- ST- ZIP

TITLE DELETE Kenneth Mushinskie

NAME Carlos Koepffler

STREET ADDRESS

CITY- ST- ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.1 TITLE Director Change Addition

1.2 NAME Martha Vargas

1.3 STREET ADDRESS 8977 S.W. 147 Av., Suite 2206

1.4 CITY- ST- ZIP Miami, Florida 33186

2.1 TITLE Director Change Addition

2.2 NAME Oscar Vivas

2.3 STREET ADDRESS Calle 16, No. 15-50

2.4 CITY- ST- ZIP La Romera, San Cristobal

3.1 TITLE Tachera, Venezuela Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE 500001897415 Change Addition

5.2 NAME -07/18/96--01011--014

5.3 STREET ADDRESS ***225.00

5.4 CITY- ST- ZIP

6.1 TITLE Change 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)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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:

SIGNATURE AND WORDS OF OFFICIAL NAME OF SIGNING OFFICER OR DIRECTOR RAFAEL MENDOZA 6/14/96 305663-0320
PRESIDENT

CR2E034 (12/95)

7/17/96