

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 08, 1999 8:00 am
Secretary of State

02-08-1999 90039 048 ***150.00

DOCUMENT # **245341**

1. Corporation Name
ROWLAND COFFEE ROASTERS, INC.

Principal Place of Business
**8080 N.W. 58TH STREET
MIAMI FL 33166**

Mailing Address
**8080 N.W. 58TH STREET
MIAMI FL 33166**



DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

1

Suite, Apt. #, etc.

City & State

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

30

9. Name and Address of Current Registered Agent

**ANA VILA
8080 NW 58TH ST
MIAMI FL 33166**

3. Date Incorporated or Qualified

03/08/1961

4. FEI Number

59-0933464

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

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	SOUTO, JOSE ANGEL	
STREET ADDRESS	605 SOLANO PRADO	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SOUTO, HAYDEE P	
STREET ADDRESS	605 SOLANO PRADO	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SOUTO, JOSE A.	
STREET ADDRESS	605 SOLANO PRADO	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SOUTO, JOSE ALBERTO	
STREET ADDRESS	565 MARQUESA DRIVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SOUTO, ANGEL LEPOLDO	
STREET ADDRESS	625 SOLANO PRADO	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SOUTO, JOSE ENRIQUE	
STREET ADDRESS	9375 BALADA DRIVE	
CITY-ST-ZIP	CORAL GABLES FL	

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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	

4. 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:

Jose Angel Souto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99
Date

(305) 594-9039
Daytime Phone #

CR2E034 (11/98)