

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 245341 (3)

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

3. Date Incorporated or Qualified: 03/08/1961
3a. Date of Last Report: 04/19/1995
4. FEI Number: 59-0933464
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. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**MARQUEZ, JOSE M.
780 NW LE JEUNE RD #400
MIAMI FL 33128**

10. Name and Address of New Registered Agent
81. Name: Ana S. Vila
82. Street Address (P.O. Box Number is Not Acceptable): 520 Biltmore Way
83. City: Coral Gables, FL
84. City: Coral Gables, FL 85. 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 607.0505, Florida Statutes.

SIGNATURE: *Ana S. Vila* DATE: 4/22/96
Signature, typed or printed name of registered agent and the filer, if applicable. (NOTE: Registered Agent signature required when reinstating)

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	805 SOLANO PRADO	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MARQUEZ, JOSE M.	
STREET ADDRESS	780 NW LE JEUNE RD #400	
CITY-ST-ZIP	MIAMI 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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jose Angel Souto
3.3 STREET ADDRESS	605 Solano Prado
3.4 CITY-ST-ZIP	Coral Gables, Fl. 33156
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)(k), 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: *Jose Souto* DATE: 4/22/96 (305) 594-9039
Signature and typed or printed name of signing officer or director. Date. Deline Phone #

CR2E034 (12/95)