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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name

1998

(3)

ROWLAND COFFEE ROASTERS, INC.

**FILED** Feb 25 1998 8:00am Secretary of State

|--|

Principal Plac	e of Business	Mailing Address			Transca flast died blass still blast side	***** 21211 01911 01911 -(21) 01211 101
8080 N.W. 58 Miami Fl. 33		8080 N.W. 58TH STREI MIAMI FL 33166	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  03/08/1961  4. FEI Number  59-0933464  Fee Required  5. Certificate of Status Desired  Fee Required			
	e .					V 1110 01 710 1
					03/08/1961	
2. Principal P	lace of Business	2a. Mailing Address				Applied Fo
21		26		_	59-0933464	Not Applic
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		-	5 Cartificate of Status Desired	
22		27			G. Certificate of Status Desired	Fee Required
City & Stat	е	City & State			6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28	T 0			Added to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid	<u> </u>
24	25 9. Name and Address of Currer	29 29 Agent	30		Personal Property Tax due June 3  10. Name and Address of New Regi	
	IA VILA		81	Name	TO THE STATE OF TH	
	80 NW 58TH ST					
	AMI FL 33166		182	82 Street Address (P.O. Box Number is Not Acceptable)		)
tate.			83	3	-	
			_			
			84	City		FL 85 Zip Code
office or r agent 1 a SIGNATURE	registered agent, or both, in the State im familiar with, and accept the oblig Signature typed or printed name of registered age	of Florida Such change was ations of, Section 607.0505, I	s authorized t Florida Statute	by the corporates	rporation submits this statement for the puation's board of directors. I hereby accept	the appointment as register
12.	OFFICERS AN		13.	tera situatura redo	ADDITIONS/CHANGES TO OFFICE	
TITLE	PTD	DELETE	1.1 TITLE			Change Ad
NAME	SOUTO, JOSE ANGEL		1 2 NAME	:	•	
STREET ADDRESS	605 SOLANO PRADO		1.3 STREE	ET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-	ST-ZIP		
TITLE	VD	DELETE	2.1 TITLE			☐ Change ☐ Ad
NAME	SOUTO, HAYDEE P		2.2 NAME	;		
STREET ADDRESS	605 SOLANO PRADO		2.3 STREE	ET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		2. 4 CITY	-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE			Change Ad
NAME	SOUTO, JOSE A.		3 2 NAME			
STREET ADDRESS	605 SOLANO PRADO		3 3 STREE	ET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	TT 55.55	34. CITY		·	
TITLE	COURTO HOCE ALBEOTO	DELETE	4.1 TITLE			☐ Change ☐ Ad
NAME	SOUTO, JOSE ALBERTO		4. 2 NAM			
STREET ADDRESS	565 MARQUESA DRIVE			ET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	DELETE	4.4 CITY			☐ Change ☐ Ad
TITLE	SOUTO, ANGEL LEPOLDO	ר") הנרגונ	5.1 TITLE			L cusade L ∧o
NAME CTOSET ADDRESS	625 SOLANO PRADO		5.2 NAME	II		
STREET ADDRESS	CORAL GABLES FL			ET ADORESS		
CITY-S1-ZIP TITLE	V	DELETE	5.4 CITY - 6.1 TITLE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ Change ☐ Ad
NAME	SOUTO, JOSE ENRIQUE	_ occin	6.2 NAME			
STREET ADDRESS	9375 BALADA DRIVE			ET ADDRESS		
CITY-ST-ZIP	l :		0.3 3 INC	, I ALDEANGOO [		
	CORAL GABLES FL		6.4 CITY	ST. 71P		

imbicated on mis antiqual report or supplemental antiquit report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a 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:

305) 594-9039