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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 26 11:26

DOCUMENT # 263701 (5)

1. Corporation Name
Q & P COFFEE, INC.

Principal Place of Business	Mailing Address
731 W FLAGLER ST MIAMI FL 33130	731 W FLAGLER ST MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/16/1962	3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-0797414	☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

~~CLEMARES, FELIX~~
~~701 W FLAGLER ST~~
~~MIAMI FL~~

10. Name and Address of New Registered Agent

81 Name: JOSE M. MARQUEZ, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable):
83: 780 NW LeJeune Road, Suite 400
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: Jose M. Marquez, Esq. June 19, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	11 TITLE	D / P / S ☐ Change ☑ Addition
NAME	~~CLEMARES, FELIX~~	12 NAME	SOUTO, Jose A.
STREET ADDRESS	~~3163 S.W. 23 TERR.~~	13 STREET ADDRESS	605 Solano Prado
CITY ST ZIP	~~MIAMI FL~~	14 CITY ST ZIP	Coral Gables, Florida
TITLE	~~D~~	21 TITLE	☐ Change ☐ Addition
NAME	~~CUETO, IDA~~	22 NAME	
STREET ADDRESS	~~6301 CUTLER [illegible]~~	23 STREET ADDRESS	
CITY ST ZIP	~~S. MIAMI FL~~	24 CITY ST ZIP	
TITLE	~~D~~	31 TITLE	☐ Change ☐ Addition
NAME	~~SOUTO, JOSE~~	32 NAME	
STREET ADDRESS	~~605 SOLANO PRADO~~	33 STREET ADDRESS	
CITY ST ZIP	~~CORAL GABLES FL~~	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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.

SIGNATURE: ✓ Jose Souto Jose A. Souto D/P 6/19/95 (305) 594-9039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0127314 CP