

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

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 263701 (5)
 1. Corporation Name:
Q & P COFFEE, INC.

Principal Place of Business 8080 N.W. 58TH ST MIAMI FL 33166	Mailing Address 8080 N.W. 58TH ST MIAMI FL 33166-3403
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/16/1962	3a. Date of Last Report 04/28/1996
21		26		4. FEI Number 59-0797414	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VILA, ANA S 780 NW LEJUNE RD STE 400 MIAMI FL 33126				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable) 8080 N.W. 58th Street		
				83			
				84	City	85	Zip Code
				Miami	FL	33166	

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 _____ DATE _____
Signature type is or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOUTO, JOSE A		1.2 NAME		
STREET ADDRESS	605 SOLANO PRADO		1.3 STREET ADDRESS		
CITY- ST- ZIP	CORAL GABLES FL		1.4 CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			2.2 NAME	V.P./D.	
STREET ADDRESS			2.3 STREET ADDRESS	SOUTO, JOSE E.	
CITY- ST- ZIP			2.4 CITY- ST- ZIP	9375 Balada St.	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			3.2 NAME	V.P./D.	
STREET ADDRESS			3.3 STREET ADDRESS	SOUTO, JOSE ALBERTO	
CITY- ST- ZIP			3.4 CITY- ST- ZIP	565 Marquesa Dr.	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			4.2 NAME	V.P./D.	
STREET ADDRESS			4.3 STREET ADDRESS	SOUTO, ANGEL L.	
CITY- ST- ZIP			4.4 CITY- ST- ZIP	625 Solano Prado	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY- ST- ZIP			5.4 CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY- ST- ZIP			6.4 CITY- ST- ZIP		

14. I do 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.

SIGNATURE: *Jose Souto* **REQUIRED /PSD** **4/25/97** **305-594-9039**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)