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**

DOCUMENT # 583009 1. Corporation Name B. AND I. COFFEE SHOP. INC.

D. AND I. COLLECTION, INC.		·	
Principal Place of Business	Mailing Address		
41 N.E. 44TH STREET FORT LAUDERDALE FL 33334	41 N.E. 44TH STREET FORT LAUDERDALE FL 33334		

FILED Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90061 043 ***150.00



Principal Place	ce of Business	Mailing Add	dress				
41 N.E. 44TH		41 N.E. 44TI					
FORT LAUDER	IDALE FL 33334	FORT LAUD	erdale fl 33334	ŀ		DO NOT WRITE IN THIS SP.	ACE
						3. Date Incorporated or Qualifed	HOE
	·			ī	•	08/22/1978	•
0 000000	Place of Business	2a. Mailing	Address		·	4. FEI Number	Applied For
2. Principal F	race of business.		Address	•		59-1893749	Not Applicable
Suite, Apt.	# oto	26 Suite A	pt. #, etc.		•		8.75 Additional
_ `	. #, etc.	27	. г , οι		***	5. Certifcate of Status Desired	Fee Required
22 City & Sta	te	City & 5	State			6. Election Campaign Financing	\$5.00 May Be
¬ `	ile .	28	Stato		•	Trust Fund Contribution	Added to Fees
Zip	Country	Zip		Countr	······································	8. This corporation owes the current year Intang	
	25	29	30	_	•	1 7	Yes □No
24	9. Name and Address of Curren	11		· I.		10. Name and Address of New Registered Age	
	The state of the s			8	1 Name		
, TRU	JJILLO, JOSE A.		•				
326	2 NW 3RD AVE		•	8:	2 Street Add	Iress (P.O. Box Number is Not Acceptable)	
OAH	KLAND FL 33309		•	. 8	3		V 144 154 16 16 16 16 16 16 16 16 16 16 16 16 16
		• .	•	,		心觀 2 年代學習養養的設立等	
	•	•		84	4 City	FI 8	5 Zip Code
44 (Durayoni	to the provisions of Sections 607 050	2 and 607 1508	Florida Statutos	the abov	ue-named corr	poration submits this statement for the purpose of cha	nging its registered
office or	registered agent, or both, in the State	of Florida. Such	change was auth	norized by	y the corporati	ion's board of directors. I hereby accept the appointment	ent as registered
agent. 1 a	am familiar with, and accept the obligat	tions of, Section	607.0505, Florida	a Statute	ıs.		
SIGNATURE	Signature, typed or printed name of registered agen	at and title if applicable	(NOTE: Pa	nictored An	ent eigneture reguir	ed when reinstating) DATE	
12.		ID DIRECTORS	(NOTE: Ne	13.	ent agriculto reddin	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12
TITLE	DP		DELETE	1.1 TITLE			Change [] Addition
NAME	TRUJILLO, JOSE A.		_	1.2 NAME			
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CITY-ST-ZIP	FT. LAUDERDALE FL		Ï	1.4 CITY-	1	•	
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NAME							Change
•	,			2.2 NAME			Change
STREET ADDRESS			×.	2.2 NAME	:		Change Addition
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- 48 ti			□ DELETE	2.3 STREI 2.4 CITY	ET ADDRESS -ST-ZIP	·	Change Addition
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14. 1 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.