

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 664661

1. Entity Name  
COEX COFFEE INTERNATIONAL, INC.



FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS

04 MAR 22 AM 11:46

Principal Place of Business  
2121 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

Mailing Address  
2121 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03192004 Chg-P CR2E034 (10/03)

4. FEI Number

59-1978922

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, ERNESTO  
773 RIDGEWOOD ROAD  
KEY BISCAVNE, FL 33149

7. Name and Address of New Registered Agent

Name  
ALVAREZ, ERNESTO

Street Address (P.O. Box Number is Not Acceptable)  
261 ISLAND DR.

City  
KEY BISCAVNE

FL

Zip Code  
33149

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTD  
ROMERO, ERNESTO  
181 CRANDON BLVD. #201  
KEY BISCAVNE, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
BELISMEIS, JOSE GUSTAVO  
7A AV. 14-20 ZONA 10  
GUATEMALA CITY, GUA., ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VMD  
ALVAREZ, ERNESTO  
261 ISLAND DR.  
KEY BISCAVNE, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ATD  
ROMERO, ALFREDO  
7A AV. 14-20 ZONA 10  
GUATEMALA CTY, GUATEMA, ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ALVAREZ, RAUL  
25 AV. NORTE 1080  
SAN SALVADOR EL SALVADOR, ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STDC  
ROMERO, ERNESTO  
211 KNOLLWOOD DR.  
KEY BISCAVNE, FL 33149 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PDC  
ALVAREZ, ERNESTO  
261 ISLAND DR.  
KEY BISCAVNE, FL. 33149 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ROMERO, ALFREDO  
7A AVE. 14-20 ZONA 10  
GUATEMALA CITY, GUATEMALA ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500031805645  
04/05/04--01010--016 \*\*158.75

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ROMERO, LUIS  
CHICHON 980, SAN ISIDRO  
LIMA, PERU ☐ Change ☒ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/19/04

Date

305-444-0560

Daytime Phone #