FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 FEB -1 AM 10:36

DOCUMENT # **F93000001587 (5)**

1. Corporation Name
BROTHERS GOURMET COFFEES, INC.

Principal Place of Business	Mailing Address
ONE BOCA PLACE STE 301E 2255 GLADES ROAD BOCA RATON FL 33431	ONE BOCA PLACE STE 301E 2255 GLADES ROAD BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/31/1993	3a. Date of Last Report: 10/18/1994
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)
4. FEI Number: 52-1681708 ☐ 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	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL — 85 Zip Code

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, typed 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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BOYER, DENNIS	1.2 NAME	
STREET ADDRESS	2255 GLADES ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	ST ☒ Change ☐ Addition
NAME	HOLLAND, JERRY	2.2 NAME	BREEN, Donald
STREET ADDRESS	2255 GLADES ROAD	2.3 STREET ADDRESS	2255 Glades Rd.
CITY-ST-ZIP	BOCA RATON FL 33431	2.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	D	3.1 TITLE	Controller ☐ Change ☒ Addition
NAME	BOLDUC, J P	3.2 NAME	Silmas Barry
STREET ADDRESS	3000 SOUTH OCEAN BLVD	3.3 STREET ADDRESS	2255 Glades RD #54 301 E
CITY-ST-ZIP	BOCA RATON FL 33432	3.4 CITY-ST-ZIP	Boca Raton Fl. 33431
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BOYER, SAM	4.2 NAME	
STREET ADDRESS	5401 OSWEGO ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO 80239	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BONOMA, THOMAS	5.2 NAME	
STREET ADDRESS	675 MASSACHUSETTS AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAMBRIDGE MA 02139	5.4 CITY-ST-ZIP	
TITLE	EV	6.1 TITLE	☐ Change ☐ Addition
NAME	WAYMAN, JIM	6.2 NAME	
STREET ADDRESS	2255 GLADES RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	6.4 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: Barry Bolmer — 1/23/95 — (407) 995-2400
SIGNATURE AND TITLE OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0260736 CP