

DOCUMENT # F99000003506

1. Entity Name

COFFEE DROP NORTH AMERICA, INC.

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90104 001 ***150.00

Principal Place of Business

200 S. BISCAYNE BLVD., #4100
MIAMI FL 33131

Mailing Address

200 S. BISCAYNE BLVD., #4100
MIAMI FL 33131

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0929253

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RJVF CORPORATE SERVICES INC.
200 S. BISCAYNE BLVD., #4100
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

CORPORATE INTERNATIONAL REGISTERED AGENTS, INC.
Street Address (P.O. Box Number is Not Acceptable)

SAME

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DPST ☐ Delete
NAME ALEJANDRO, EGEA
STREET ADDRESS 200 S. BISCAYNE BLVD., #4100
CITY-ST-ZIP MIAMI FL 33131

TITLE O ☐ Delete
NAME BINDEL, MICHAEL V
STREET ADDRESS SJO 2896 P.O. BOX 025216
CITY-ST-ZIP MIAMI FL 33102-5216

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an agreement with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/02 18882081634