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

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G87812   (5)

1. Corporation Name

M & M COFFEE SERVICES, INC.

Principal Place of Business	Mailing Address
7315 SW 45 ST STE. 4 MIAMI FL 33155 US	7315 SW 45 ST #4 MIAMI FL 33155 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26 1550 Madruga Avenue	01/16/1984

4. FEI Number		Applied For
59-2364084		Not Applicable

Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 #220

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

City & State	City & State
23	28 Coral Gables, Florida

6. Election Campaign Financing Trust Fund Contribution ☐   **$5.00** May Be Added to Fees

Zip	Country	Zip	Country
24	25	29 33146	30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.   ☐ Yes   ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AGUILAR, MARIO J. 7315 SW 45 ST #4 MIAMI FL 33155	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 _____

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE **P**	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME **AGUILAR, MARIO J.**		1.2 NAME		
STREET ADDRESS **7315 SW 45TH ST., #4**		1.3 STREET ADDRESS		
CITY-ST-ZIP **MIAMI FL**		1.4 CITY-ST-ZIP		
TITLE **S**	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME **AGUILAR, INES S.**		2.2 NAME		
STREET ADDRESS **7315 SW 45 ST., #4**		2.3 STREET ADDRESS		
CITY-ST-ZIP **MIAMI FL**		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. 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 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: