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 JAN 13 AM 9:30

DOCUMENT # **J79652** **(0)**

1. Corporation Name
PREMIUM COFFEE SERVICE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
~~% ROBERT M. MCCLASKEY, JR~~ 10821 SW 127 ST MIAMI FL 33176-4646 US	10821 S.W. 127 ST. MIAMI FL 33176-4646 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/25/1987
3a. Date of Last Report: 01/27/1994

2. Principal Place of Business — 21: Premium Coffee Servi
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: 65-0134733 ☐ 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	10. Name and Address of New Registered Agent
~~ZEILBERGER, KENNETH E ESQ.~~ C/O SHCANTZ, SCHATZMAN, &AARONSON PA 200 S. BISCAYNE BLVD. SUTE 3650 MIAMI FL 33131	81 Name: Alan Dagen Esq 82 Street Address (P.O. Box Number is Not Acceptable): c/o Schantz, Schatzman ETAL 83: 200 S. Biscayne Blvd # 3650 84 City: Miami FL 85 Zip Code: 33131

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: Alan Dagen — Alan Dagen — Jan. 9, 1995
(Signature, typed or printed name of Registered Agent, and title, if applicable) (84) (Registered Agent signature required when changing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	FIRESTONE, MARTIN J	12 NAME	
STREET ADDRESS	10821 S.W. 127TH ST.	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	Miami, FL 33176-4646
TITLE	VPD	21 TITLE	☒ Change ☐ Addition
NAME	KRISTAL, CHERYL J	22 NAME	
STREET ADDRESS	13275 S.W. 58TH CT.	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	Miami, FL 33156-7245
TITLE	SD	31 TITLE	☒ Change ☐ Addition
NAME	FIRESTONE, MARJORIE E	32 NAME	
STREET ADDRESS	10821 S.W. 127TH ST.	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	Miami, FL 33176-4646
TITLE	TD	41 TITLE	☒ Change ☐ Addition
NAME	KRISTAL, ALAN J	42 NAME	
STREET ADDRESS	13275 S.W. 58TH CT.	43 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP	Miami FL 33156-7245
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: [signature] Treasurer 1/9/95 (305) 663-0102
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Alan J. Kristal - Treasurer