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Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

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

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

Principal Place of Business	Mailing Address
C/O PREMIUM COFFEE SERVICE ~~10821 SW 127 ST~~ ~~MIAMI FL 33176-4048~~ US	P.O. BOX 0991 MIAMI FL 33256-0991 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/25/1987

2. Principal Place of Business
21: 12452 SW 117 CT
22: Suite, Apt #, etc.
23: City & State: Miami, FL
24: Zip: 33186
25: Country: Dade

2a. Mailing Address
26:
27: Suite, Apt #, etc.
28: City & State
29: Zip
30: Country

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DAGEN, ALAN-ESQ
C/O SCHANTZ, SCHATZMAN ET AL
~~8300 S. BISCAYNE BLVD., #1050~~
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 200 S. Biscayne Blvd #1050
83: First Union Financial Center
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	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	FIRESTONE, MARTIN J		1.2 NAME		
STREET ADDRESS	~~10821 S.W. 127TH ST.~~		1.3 STREET ADDRESS	P.O. Box 56-0991	
CITY-ST-ZIP	~~MIAMI FL 46~~		1.4 CITY-ST-ZIP	Miami FL 33256-0991	N/A
TITLE	VPD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	KRISTAL, CHERYL J		2.2 NAME		
STREET ADDRESS	~~13275 S.W. 58TH CT.~~		2.3 STREET ADDRESS	P.O. Box 56-0991	
CITY-ST-ZIP	~~MIAMI FL 45~~		2.4 CITY-ST-ZIP	Miami FL 33256-0991	N/A
TITLE	SD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	FIRESTONE, MARJORIE E		3.2 NAME		
STREET ADDRESS	~~10821 S.W. 127TH CT.~~		3.3 STREET ADDRESS	P.O. Box 56-0991	
CITY-ST-ZIP	~~MIAMI FL 46~~		3.4 CITY-ST-ZIP	Miami FL 33256-0991	N/A
TITLE	TD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	KRISTAL, ALAN J		4.2 NAME		
STREET ADDRESS	~~13275 S.W. 58TH CT.~~		4.3 STREET ADDRESS	P.O. Box 56-0991	
CITY-ST-ZIP	~~MIAMI FL 45~~		4.4 CITY-ST-ZIP	Miami FL 33256-0991	N/A
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: _____ Alan J. Kristal — Treasurer Treasurer-Director 1/14/98 (305) 253-7507