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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J79652

1. Corporation Name

PREMIUM COFFEE SERVICE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
~~12452 SW 117 CT~~ ~~10821 SW 127 ST~~ ~~MIAMI FL 33186~~ US	P.O. BOX 0991 MIAMI FL 33256-0991 US

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business 21 12452 SW 117th Ct	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami FL	City & State 28
Zip / Country 24 33186 25 ~~USA~~	Zip / Country 29 30 ~~USA~~

4. FEI Number: 65-0134733 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DAGEN, ALAN-ESQ C/O SCHANTZ, SCHATZMAN ET AL 200 S BISCAYNE BLVD #1050 MIAMI FL 33131	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	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	~~FIRESTON, MARTIN J~~		1.2 NAME	Firestone, Martin J.	
STREET ADDRESS	P.O. BOX 56-0991 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33256		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KRISTAL, CHERYL J		2.2 NAME		
STREET ADDRESS	P.O. BOX 56-0991		2.3 STREET ADDRESS		
CITY-ST-ZIP	~~MIAMI FL 3325~~		2.4 CITY-ST-ZIP	Miami, FL 33256-0991	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FIRESTONE, MARJORIE E		3.2 NAME		
STREET ADDRESS	P.O. BOX 56-0991		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33256		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KRISTAL, ALAN J		4.2 NAME		
STREET ADDRESS	P.O. BOX 56-0991		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33256		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		

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Alan J. Kristal 4/3/99 (305) 253-7507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (1.1/98)