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 APR -3 PM 5:13

DOCUMENT # K66899 (1)

1. Corporation Name
ESPRESSO IS PIACERE, INC.

Principal Place of Business
1961 A WEST 9 ST
RIVIERA BCH FL 33404
US

Mailing Address
4095 ILER CT
P.O. BOX 1646
PLAM BCH GARDENS FL 33410
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/20/1989
3a. Date of Last Report: 03/10/1994
4. FEI Number: 65-0106120 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26 4095 Ilex CT.
22 Suite, Apt #, etc	27 Suite, Apt. #, etc. Palm Bch. Gardens
23 City & State	28 City & State Fl.
24 Zip 25 Country	29 Zip 33410 30 Country U S A

9. Name and Address of Current Registered Agent
~~KRAMER, SCOTT~~
~~1165 U.S. HIGHWAY ONE~~
~~SUITE 205~~
~~JUNO BEACH FL 33408~~

10. Name and Address of New Registered Agent
81 Name: JAMES R. HUMPHREY
82 Street Address (P.O. Box Number is Not Acceptable): 4095 ILEX COURT
83
84 City: PALM BCH. GARDENS FL 85 Zip Code: 33410

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 X [signature] Date X 3/9/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	HUMPHREY, JAMES	12 NAME	
STREET ADDRESS	1961 A WEST 9 ST	13 STREET ADDRESS	
CITY ST ZIP	RIVERA BCH FL	14 CITY ST ZIP	
TITLE	~~VP~~	21 TITLE	Secretary ☑ Change ☐ Addition
NAME	~~NICHOLS, MARK K~~	22 NAME	Humphrey, Rosalie A.
STREET ADDRESS	~~2801 CARTER LN~~	23 STREET ADDRESS	4095 Ilex Ct.
CITY ST ZIP	~~LAKE WORTH FL~~	24 CITY ST ZIP	Palm Beach Gardens, Fl., 33410
TITLE	~~CS~~	31 TITLE	TREASURER ☑ Change ☐ Addition
NAME	~~NICHOLS, ROBERT B, SR~~	32 NAME	Humphrey, Rosalie A
STREET ADDRESS	~~1407 RUPP LN~~	33 STREET ADDRESS	1961 A West 9th St.
CITY ST ZIP	~~LAKE WORTH FL~~	34 CITY ST ZIP	Riviera Bch., Fl.
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
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 the 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: JAMES R. HUMPHREY [signature] 407-845-1006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0260031 CP