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PROFIT CORPORATION ANNUAL REPORT

1007



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L36810 (4) L Corporation Name ELITE COFFEE SERVICE, INC. Principal Place of Business Mailing Address						
12930 SW 122ND AVE MIAMI FL 33186 US		12890 SW 122ND AVE MIAMI FL 33186-6215 US				
				3. Date Incorporated or Qualified 12/13/1989	3a. Date of Last R 02/14/1996	leport
າ ່	lace of Business	2a. Mailing Address		4. FEI Number	A	oplied For
Suite, Apt.	#, elc.	Suite, Apt. #, etc.		65-0161644	60 75	ot Applicable Additional
	وسناقي ويستنفا هن ووسنفا هن ووسنفاه ويورو بسام الرجو ويستنف هن وي درد درو و و و	27		Certificate of Status Desired	Fee Re	equired
City & Stat	е	City & State		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	intangible tax under s	
1	9. Name and Address of Currer		30	Florida Statutes 10. Name and Address of New Re	Yes No	
GAI	RVETT, MICHAEL	nt noglateled Agent	81 Name	10, Hallis allo Addites of Hell Flo	Signal on Albert	
129	30 SW 122ND AVE MI, FL 33188		82 Street Add	fress (P.O. Box Number is Not Acceptab	ole)	<u></u>
MIN	MI, FL 33100		83			
			84 City		85 Zip	Code
1 Parament	to the provincions of Sections 607 OFC	22 and 607 1609 Florida Statuta	the above pamed ont	position submite this statement for the p	FL)	le registare
office or i	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was a gations of, Section 607.0505, Flo	uthorized by the corpora rida Statutes.	ation's board of directors. I hereby accept	pt the appointment as	registered
				•		
IGNATURE	Signature, typed or ported name of registered age	·	Registered Agent signature requ	uired when reinstating)	DATE	
IGNATURE 2.	Signature, typed or ported name of registered age	ent and the if applicable (NOTE ID DIRECTORS DELETE		·	DATE	
SIGNATURE 2. IILE	Signature, typed or printed name of ingustreed ago OFFICERS AN PO GARNETT MICHAEL	ID DIRECTORS	Registered Agent signature requ	uired when reinstating)	DATE CERS AND DIRECTOR	RS IN 12
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SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4-1-57

301-232-2210 Caytime Phone #

FILED

Apr 15 1997 8:00am

Secretary of State