

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M13631 (0)

1. Corporation Name

PILON COFFEE SERVICE INC.



Principal Place of Business

Mailing Address

8080 N.W. 58 ST.
MIAMI FL 33166

8080 N.W. 58 ST.
MIAMI FL 33166

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

3. Date Incorporated or Qualified

04/04/1985

3a. Date of Last Report

04/18/1995

4. FEI Number

59-2519680

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

MARQUEZ, JOSE M.
780 N.W. LE JEUNE RD.
SUITE 400 LE JEUNE CENTRE
MIAMI FL 33126

81 Name

Ana S. Vila

82 Street Address (P.O. Box Number is Not Acceptable)

83

520 Biltmore Way

84 City

Coral Gables

FL

85 Zip Code

33134

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

Ana S. Vila
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

4/22/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST ☐ DELETE
NAME SOUTO, JOSE A.
STREET ADDRESS 805 SOLANO PRADO
CITY-STATE-ZIP CORAL GABLES FL

TITLE D ☐ DELETE
NAME SOUTO, JOSE A.
STREET ADDRESS 805 SOLANO PRADO
CITY-STATE-ZIP CORAL GABLES FL

TITLE VD ☐ DELETE
NAME SOUTO, HAYDEE P.
STREET ADDRESS 805 SOLANO PRADO
CITY-STATE-ZIP CORAL GABLES FL

TITLE VD ☐ DELETE
NAME SOUTO, JOSE A., JR.
STREET ADDRESS 565 MARQUESA DR
CITY-STATE-ZIP CORAL GABLES FL

TITLE VD ☐ DELETE
NAME SOUTO, JOSE E.
STREET ADDRESS 9375 BALANDA DRIVE
CITY-STATE-ZIP CORAL GABLES FL

TITLE VD ☐ DELETE
NAME SOUTO, ANGEL L.
STREET ADDRESS 625 SOLANO PRADO
CITY-STATE-ZIP CORAL GABLES FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

9375 Balada Street

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)(k), 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:

Jose Souto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

(305) 594-9039

DATE

Daytime Phone

CR2E034 (12/95)