

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N03513 (1)

1. Corporation Name

SOUTH FLORIDA COFFEE WAREHOUSING AND TRANSPORT ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% ECONOCARIBE CONSOLIDATORS, INC.
2401 NW 69 STREET
MIAMI FL 33147

% ECONOCARIBE CONSOLIDATORS, INC.
2401 NW 69 STREET
MIAMI FL 33147

3. Date Incorporated or Qualified
06/07/1984

3a. Date of Last Report
02/15/1995

2. Principal Place of Business

2a. Mailing Address

21 SAME

26 SAME

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

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

LESNIK, GERALD
2401 NW 69 STREET
MIAMI FL 33147

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ALVAREZ, ERNESTO
STREET ADDRESS 2121 PONCE DE LEON #930
CITY-ST-ZIP CORAL GABLES FL
☒ DELETE

1.1 TITLE Angie Wright, President, ☒ Change ☐ Addition
1.2 NAME 1015 N. America Way, Director
1.3 STREET ADDRESS Miami, Florida 33132
1.4 CITY-ST-ZIP PD

TITLE VD
NAME CONCEPCION, JOSE
STREET ADDRESS 3401-A NW 72ND AVE.
CITY-ST-ZIP MIAMI FL
☐ DELETE

2.1 TITLE JOSE CONCEPCION, VICE-PRESIDENT, ☐ Change ☐ Addition
2.2 NAME 3401-A N.W. 72ND AVENUE, Director
2.3 STREET ADDRESS MIAMI, FL
2.4 CITY-ST-ZIP VD

TITLE SD
NAME SIERRA, MIKE
STREET ADDRESS 9600 NW 25TH ST. 3-D
CITY-ST-ZIP MIAMI FL
☒ DELETE

3.1 TITLE Secretary/Treasurer, Director ☒ Change ☐ Addition
3.2 NAME Gerald Lesnik
3.3 STREET ADDRESS 2401 N.W. 69th Street
3.4 CITY-ST-ZIP Miami, Florida 33147 SD

TITLE VD
NAME KRAJEWSKI, TOMAS
STREET ADDRESS 3401-A NW 72ND AVE.
CITY-ST-ZIP MIAMI FL
☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

5.1 TITLE
5.2 NAME 500001763675
5.3 STREET ADDRESS -04/01/96--01012--003
5.4 CITY-ST-ZIP ***70.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)