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

APPROVED AND FILED

95 APR 21 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P35315** **(1)**

1. Corporation Name
JVA INTERNATIONAL INC.

Principal Place of Business	Mailing Address
SUITE 224 11234 PARK BOULEVARD SEMINOLE FL 34642	SUITE 224 11234 PARK BOULEVARD SEMINOLE FL 34642

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/29/1991
3a. Date of Last Report: 05/13/1994

2. Principal Place of Business	2a. Mailing Address
21 8100 PARK BLVD	26 12500 CAPRI CIR N
Suite, Apt. #, etc. 22 STE 24C	Suite, Apt. #, etc. 27 APT #401
City & State 23 PINELLAS PARK FL	City & State 28 TREASURE ISLAND FL
Zip / Country 24 34665 / 25 US	Zip / Country 29 33706 / 30 US

4. FEI Number: 59-3069290 ☐ 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
BECKON, WEIR 1641 1ST AVE. NORTH ST. PETERSBURG FL 33713	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	VCC	11 TITLE	VCC	☒ Change ☐ Addition
NAME	BECKON, WEIR	12 NAME	WEIR BECKON	
STREET ADDRESS	11234 PARK BV, STE 224	13 STREET ADDRESS	12500 CAPRI CIR N	
CITY-ST-ZIP	SEMINOLE FL	14 CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	DPV	21 TITLE	DPV	☒ Change ☐ Addition
NAME	BECKON, WEIR	22 NAME	WEIR BECKON	
STREET ADDRESS	11234 PARK BV, STE 224	23 STREET ADDRESS	12500 CAPRI CIR N	
CITY-ST-ZIP	SEMINOLE FL	24 CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	ST	31 TITLE	ST	☒ Change ☐ Addition
NAME	BECKON, WEIR	32 NAME	WEIR BECKON	
STREET ADDRESS	11234 PARK BV, STE 224	33 STREET ADDRESS	12500 CAPRI CIR N	
CITY-ST-ZIP	SEMINOLE FL	34 CITY-ST-ZIP	TREASURE ISLAND FL 33706	
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 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: WEI BEC RSD 4-10-95 813 345 2298
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

CP