03-10-1999 90276 040 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUN 1. Corporation	MENT # P93000	012388					
	AN EXPRESSCO COFFEE S	SERVICES, INC.					
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		10 Th					
Principal Place		Mailing Address					
610 S.W. 116TH COURT 610 S.W. 116TH COURT MIAMI FL 33174 MIAMI FL 33174							
101171101 TE 0071 Y					DO NOT WRITE IN THIS	SPACE	
			•		3. Date Incorporated or Qualifed		ļ
		1 - 11.77 - 11.77			02/18/1993 4. FEI Number		olied For
<u> </u>	ace of Business	2a. Mailing Address			65-0388191		Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75 A	
22	, c.c.	27			5. Certifcate of Status Desired	Fee Rec	
City & State	9	City & State			6, Election Campaign Financing	\$5.00	May Be
23	<u></u>	28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	у	8. This corporation owes the current year Interest.		
24	25	29 30			Personal Property Tax.		₩No
	9. Name and Address of Currer	nt Registered Agent	81	Name	10. Name and Address of New Registered	Agent	
FNRIQUEZ, ALEX							
610 S.W. 116TH COURT			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)		{
MIAMI FL 33174			83	3			
			84			OF 7in C	`ada
				City	FL	85 Zip C	,oue [
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508, Florida Statutes,	the abov	/e-named co	orporation submits this statement for the purpose of	changing its	registered
office or re agent. I a	egistered agent, or both, in the State m familiar with, a <u>n</u> d accept the obliga	of Florida. Such change was authoritions of, Section 607.0505, Florida	orizeo by Statute:	y the corpora s.	ation's board of directors. I hereby accept the appoin		jistered
SIGNATURE 450 Mgm President					3-05-9	9	}
	Signature, typed or printed name of registered age			ent signature requ	uired when reinstating) DATE	D DIRECTO	DC IN 12
12.	PTD OFFICERS AF	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	☐ Change	Addition
TITLE	ENRIQUEZ, ALEX	□ pcccic	1.2 NAME				
NAME	610 S.W. 116TH CT.			T ADDRESS			1
STREET ADDRESS	MIAMI FL 33174			ST-ZIP			ĺ
CITY-ST-ZIP TITLE	SVD			-		Change	Addition
NAME			2.2 NAME		•		
STREET ADDRESS	610 S.W. 116TH COURT		2.3 STREE	ET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33174 2.40		2.4 CITY-	ST-ZIP	سار در رواند معید		
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				ļ
STREET ADDRESS			3.3 STREE	ET ADDRESS			ł
CITY-ST-ZIP			3.4. CITY-	ST-ZiP		Change	Addition
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME -			4. 2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		☐ DELETE	4 4 C(TY-)	ST-ZIP		☐ Change	Addition
TITLE			5.1 TITLÉ 5.2 NAME				
NAME			i .	ET ADDRESS			ł
STREET ADDRESS			5.4 CITY-1				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

6.2 NAME

6 3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

3-05-99

Daytime Phone #