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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000087518 (5)

MIAMI ESPRESSO COMPANY

Principal Place of Business	Mailing Address	
820 OBISPO AVE. CORAL GABLES FL 33134 US	P. O. BOX 144158 CORAL GABLES FL 33114 US	

FILED Feb 17 1998 8:00am Secretary of State

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B20 OBISPO AVE. P. O. BOX 144158 CORAL GABLES FL 33134 CORAL GABLES FL 33114			4										
US			U\$						DO NOT WRITE II	N THIS S	PACE		
]									3. Date Incorporated or Qualified				
2. Principal F	Place of Busin	YOSS .	2n M	ailing Address					12/23/1993 4. FEI Number			,	
21	1000 01 0000	1033	26	annig Address								Applie	
Suite, Apt.	#. etc.			ite, Apt. #, etc.					65-0462478		60.7		pplicable
22	,		27						Certificate of Status Desired			5 Addi Reguli	
City & Stat	le			ly & Slate					8. Election Campaign Financing			00 ма	
23			28									ed to F	
Zip		Country	Zij	9	Cou	untry	,		8. This corporation owes or has paid	the curre	ent vear	Intano	ible
24		25	29		30				Personal Property Tax due June 30	o. 🔀	Yes	□Ñ	
	9. Name	and Address of	Current Registere	ed Agent		Ĺ.,			10. Name and Address of New Regi	stered A	.gent		
	rez-abrue					81	Name						
) <mark>obis</mark> po a VMI FL 3313					82	Street	Addres	s (P.O. Box Number is Not Acceptable)			
200						83							
						64	City		,	FL	85 Z	ip Cod	е
11. Pursuant office or r	to the provisi registered ag	ons of Sections 6 ent, or both, in th	07.0502 and 607. e State of Florida.	1508, Florida Statut Such change was	tes, the a authorize	bove d by	e-named the con	l corpor poration	ation submits this statement for the pur i's board of directors. I hereby accept t	pose of o	changing intment	g its regi as regi	gistered istered
SIGNATURE	arr restance we	ar, and accopt in	o obligations of, or	0000011007.0000, 11	onua sta	tutes) ,						
OIGINATORE	Signature, typed	or printed name of regi	tered agent and title if ap	plicable (NOT	E: Registere	d Age	nt signature	e required	when reinstating)	DATE			[
12.		OFFICE	RS AND DIRECTO		13.				ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECT	ORS IN	1 12
TITLE	P			DELETE	1.1 TI	TLE					Chang	e 🗀	Addition
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				L DEFEIE	2.1 10					L	Chang	e <u></u>	Addition
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NAME					6.2 NA	ME							
STREET ADDRESS					6.3 ST	REET	ADDRESS						
CITY-ST-ZIP					6.4 CI	IY-ST	-ZIP						ı

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 histee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if orthogon, or on an attachment with an address.