

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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90069 036 ***150.00

DOCUMENT # P93000087518

1. Corporation Name

MIAMI ESPRESSO COMPANY

Principal Place of Business

820 OBISPO AVE.
CORAL GABLES FL 33134
US

Mailing Address

P. O. BOX 144158
CORAL GABLES FL 33114
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1993

4. FEI Number

65-0462478

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 owes the current year Intangible
Personal Property Tax.

Yes ☒ No ☐

2. Principal Place of Business

21 FIU SOUTH CAMPUS

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.
10700 SW 8TH STREET

27 Suite, Apt. #, etc.

23 City & State
MIAMI, FLORIDA

28 City & State

24 Zip Country
33199 USA

29 Zip Country
30

9. Name and Address of Current Registered Agent

PEREZ-ABRUE, CESAR
820 OBISPO AVENUE
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name

PEREZ-ABRUE, CESAR

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

5757 BLUE LAGOON DR.

83

SUITE #350

84 City

MIAMI

FL

85 Zip Code

33126

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 *Cesar Perez-Abreu*
Signature, typed or printed name of registered agent and title if applicable.

Cesar Perez-Abreu

1/24/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME PEREZ-ABREU, CESAR
STREET ADDRESS 820 OBISPO AVENUE
CITY-ST-ZIP MIAMI FL

DELETE

TITLE V
NAME PEREZ-ABREU, EMELINA
STREET ADDRESS 820 OBISPO AVENUE
CITY-ST-ZIP CORAL GABLES FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME PEREZ-ABREU, CESAR
1.3 STREET ADDRESS 5757 BLUE LAGOON DR., SUITE 350
1.4 CITY-ST-ZIP MIAMI, FL. 33126

2.1 TITLE Vice-President ☒ Change ☐ Addition
2.2 NAME PEREZ-ABREU, EMELINA
2.3 STREET ADDRESS 5757 BLUE LAGOON DR., SUITE 350
2.4 CITY-ST-ZIP MIAMI, FL. 33126

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

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

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)