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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 AM 10:43

DOCUMENT # **P94000009021 (4)**

1. Corporation Name
COOL BEANS CAFE, INC.

Principal Place of Business	Mailing Address
2161 N.E. 122ND ROAD N. MIAMI FL 33161	2161 N.E. 122ND ROAD N. MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/27/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 12573 Biscayne Blvd
22: Suite, Apt. #, etc:
23: City & State: N. MIAMI, FLORIDA
24: Zip: 33181 25: Country: USA

2a. Mailing Address
26: 12573 Biscayne Blvd
27: Suite, Apt. #, etc:
28: City & State: N. MIAMI FLORIDA
29: Zip: 33181 30: Country: USA

4. FEI Number: 65-0478190 ☐ 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

BROWN, ARTHUR R JR.
601 BRICKELL KEY DRIVE
STE. 500
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	11 TITLE		☒ Change ☐ Addition
NAME	ARENAS, MARIA C	12 NAME		
STREET ADDRESS	~~2161 N.E. 122ND ROAD~~	13 STREET ADDRESS	12573 Biscayne Blvd	
CITY-ST-ZIP	~~N. MIAMI FL 33161~~	14 CITY-ST-ZIP	~~N. MIAMI FL 33161~~ N. MIAMI, Fl. 33181	
TITLE	~~VD~~	21 TITLE		☒ Change ☐ Addition
NAME	~~ARENAS, RICHARD L~~	22 NAME		
STREET ADDRESS	~~2161 N.E. 122ND ROAD~~	23 STREET ADDRESS		
CITY-ST-ZIP	~~N. MIAMI FL 33161~~	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE		☒ Change ☐ Addition
NAME	ARENAS, MARIA C	32 NAME		
STREET ADDRESS	~~2161 N.E. 122ND ROAD~~	33 STREET ADDRESS	12573 Biscayne Blvd	
CITY-ST-ZIP	~~N. MIAMI FL 33161~~	34 CITY-ST-ZIP	N. MIAMI, Fl. 33181	
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: (†) _____ 5/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date

0196000 CP