

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FORM 4447 (01)

ANNEX A, REGISTRATION

1995



DEPARTMENT OF STATE

SECRETARY OF STATE

OFFICE OF CORPORATIONS

FILED
SECRETARY OF STATE
OFFICE OF CORPORATIONS

DOCUMENT # **P94000042738 (2)**

95 MAY -1 PM 2:17

COFFEE WORKS PLUS, INC.

8349 NORTHWEST 12 STREET
MIAMI FL 33126

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MIAMI FL 33126

20. Total amount of fees paid

3. Date of incorporation (or amendment) **06/08/1994**
3a. Date of last report

4. FE Number **65-0496665**
Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing and Fundraising Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation is subject to intangible tax under § 199.01, Florida Statutes ☒ Yes ☐ No

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9. Name and Address of Current Registered Agent

**LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

01 Name **ALAN G. DAVIS**
02 Street Address, if Different from Number or Not Applicable
11337 SW 85th Lane
03
04 City **Miami** FL 05 Zip Code **33176**

11. I, the undersigned, being a resident of this State, do hereby certify that the above named corporation is subject to the provisions of Chapter 199, Florida Statutes, for the purpose of a complete filing of its registered office address and the name and address of its registered agent, and that the corporation is subject to the provisions of Chapter 199, Florida Statutes.

SIGNATURE: *[Signature]* **ALAN G. DAVIS** 4/27/95

12. OFFICER AND DIRECTOR	13. ADDITIONAL OFFICER OR DIRECTOR
NAME P. DAVIS, ALAN G.	NAME
STREET ADDRESS 8349 NORTHWEST 12 STREET	STREET ADDRESS
CITY MIAMI	CITY
STATE FL	STATE
ZIP CODE 33126	ZIP CODE
NAME VP DAVIS, JAMES	NAME
STREET ADDRESS 8349 NW 12 ST	STREET ADDRESS
CITY MIAMI	CITY
STATE FL	STATE
ZIP CODE 33126	ZIP CODE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
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STATE	STATE
ZIP CODE	ZIP CODE

REMITTED BY MAY 1

14. I, the undersigned, certify that the information supplied with this filing is truthful, complete and correct, and that the corporation is subject to the provisions of Chapter 199, Florida Statutes. I further certify that the information supplied with this filing is truthful, complete and correct, and that the corporation is subject to the provisions of Chapter 199, Florida Statutes. I further certify that the information supplied with this filing is truthful, complete and correct, and that the corporation is subject to the provisions of Chapter 199, Florida Statutes. I further certify that the information supplied with this filing is truthful, complete and correct, and that the corporation is subject to the provisions of Chapter 199, Florida Statutes.

SIGNATURE: *[Signature]* 4/27/95 305477-951

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR