

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000045640 (7)**

1. Corporation Name

**BEST COFFEE & BEVERAGE, INC.**



Principal Place of Business

Mailing Address

**6095 N.W. 167 ST  
SUITE D-8  
MIAMI FL 33015**

**6095 N.W. 167 ST  
SUITE D-8  
MIAMI FL 33015**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**RICCI, LORENA  
6095 N.W. 167 STREET  
STE D-8  
MIAMI FL 33015**

3. Date Incorporated or Qualified

**06/17/1994**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**65-0498758**

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

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

Signature typed or printed name of registered agent (if not applicable)

Signature typed or printed name of registered agent (if not applicable)

**Lorena Ricci President**

**5/22/96**

12. OFFICERS AND DIRECTORS

|                 |                                   |                                            |
|-----------------|-----------------------------------|--------------------------------------------|
| TITLE           | D                                 | <input type="checkbox"/> DELETE            |
| NAME            | <b>RICCI, JOSE W</b>              |                                            |
| STREET ADDRESS  | <b>6095 N.W. 167TH STREET D-8</b> |                                            |
| CITY - ST - ZIP | <b>MIAMI FL 33015</b>             |                                            |
| TITLE           | D                                 | <input checked="" type="checkbox"/> DELETE |
| NAME            | <b>GARCIA, ANGEL</b>              |                                            |
| STREET ADDRESS  | <b>6095 N.W. 167TH STREET D-8</b> |                                            |
| CITY - ST - ZIP | <b>MIAMI FL 33015</b>             |                                            |
| TITLE           |                                   | <input type="checkbox"/> DELETE            |
| NAME            |                                   |                                            |
| STREET ADDRESS  |                                   |                                            |
| CITY - ST - ZIP |                                   |                                            |
| TITLE           |                                   | <input type="checkbox"/> DELETE            |
| NAME            |                                   |                                            |
| STREET ADDRESS  |                                   |                                            |
| CITY - ST - ZIP |                                   |                                            |
| TITLE           |                                   | <input type="checkbox"/> DELETE            |
| NAME            |                                   |                                            |
| STREET ADDRESS  |                                   |                                            |
| CITY - ST - ZIP |                                   |                                            |
| TITLE           |                                   | <input type="checkbox"/> DELETE            |
| NAME            |                                   |                                            |
| STREET ADDRESS  |                                   |                                            |
| CITY - ST - ZIP |                                   |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                              |
|---------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME            | <b>President</b>                                                             |
| 1.3 STREET ADDRESS  | <b>Lorena Ricci</b>                                                          |
| 1.4 CITY - ST - ZIP | <b>6095 NW 167 St D-8</b>                                                    |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            | <b>MIAMI FL 33015</b>                                                        |
| 2.3 STREET ADDRESS  |                                                                              |
| 2.4 CITY - ST - ZIP |                                                                              |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                                                                              |
| 3.3 STREET ADDRESS  |                                                                              |
| 3.4 CITY - ST - ZIP |                                                                              |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                                                                              |
| 4.3 STREET ADDRESS  |                                                                              |
| 4.4 CITY - ST - ZIP |                                                                              |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                                                                              |
| 5.3 STREET ADDRESS  |                                                                              |
| 5.4 CITY - ST - ZIP |                                                                              |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                                                                              |
| 6.3 STREET ADDRESS  |                                                                              |
| 6.4 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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Lorena Ricci 5/22/96 (305) 828-8072**

CR2E034 (12/95)