

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DEPARTMENT OF CORPORATIONS

1996-1997

B-2233

C

DOCUMENT # P95000021002 (7)

1. Corporation Name

ESPRESSO UNO INTERNATIONAL COMPANY



Principal Place of Business

815 N.E. 27TH AVE.
HALLANDALE FL 33009

Mailing Address

815 N.E. 27TH AVE.
HALLANDALE FL 33009

3. Date Incorporated or Qualified

03/15/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 5991 B RAVENSWOOD RD 26 5991 B RAVENSWOOD RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0573681

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

22 City & State

27 City & State

23 FT. LAUDERDALE, FL

28 FORT LAUDERDALE, FL

24 33312 25 Country

29 33312 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOBERMAN, JENNIFER M ESQ.
3400 N.E. 192ND ST.
SUITE 1510
MIAMI FL 33180

81 Name

STUART BLOOM 40 BLOOM + ASSOCIATES INC

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

13899 BISCAYNE BLVD. SUITE 105

83

84 City

N. MIAMI BEACH

FL

85 Zip Code

33181

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

Stuart J. Bloom Stuart Bloom

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/8/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

D, P
NAME MICHAEL BLITZER
STREET ADDRESS 815 N.E. 27TH AVE.
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE ☐ DELETE

D, VP
NAME SUSAN-NINA BLITZER
STREET ADDRESS 815 N.E. 27TH AVE.
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL BLITZER

3/8/96

Date

9835100

Daytime Phone #

CR2E034 (12/95)