FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00								
CORPORATION Sandra E				ITMENT OF STATE 3. Mortham ry of State				
19963-19-96 B- 29 99 N OF CORPORATIONS								
DOCUMENT # P95000021002 (7) 1. Corporation Name								
ESPRESSO UNO INTERNATIONAL COMPANY								
Principal Place of Business		Mailing Address				5 1001/1007 USA 10504 TSIII 90/UI 00	HE BONI DOND HOU IN	(BATAL BAHA HALL HALL
815 N.E. 27TH AVE. HALLANDALE FL 33009 HALLANDALE FL 33009 HALLANDALE FL 3300								
		·				3. Date Incorporated or Qualified 03/15/1995	3a. Date of Last	: Report
2. Principal P [21] 5°99	Place of Business I B RAVENSWCODE	2a. Mailing Address 26 5991 B RAVISYWOOD LD			S	4. FEI Number 65-0573681		Applied For Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 '	75 Additional e Required
City & Stat				E F1		Election Campaign Financing Trust Fund Contribution	л \$ 5.	.00 May Be
Zip [24] 333	Country	Zip	Cour			B. This corporation has liability for it	ntangible tax under	s 199.032,
	9. Name and Address of Current	29 33312 Registered Agent	30			Florida Statutes Yes 10. Name and Address of New R		
HOBERMAN, JENNIFER M ESQ. B1 Name STUBLY						BLOOM 40 BLO	OM + ASSO	CLATES IX
						BISCAYNE BLVD	SUITE /	05
	I FL 33180		L	34 City			—. 85	Zip Code
11. Pursuant	to the provisions of Sections 607.0502 a	nd 607.1508, Florida Statu	ites, the abov	N A	ronest.	MI BEACH on submits this statement for the purp	PL	33/8/
familiar w	red agent, or both, in the State of Florida ith, and accept the obligations of Section	i 607.0505, Florida Statute		rporation s	board o	of directors. I hereby accept the appo	intment as register	ed agent, I am
SIGNATURE	Signature, typical or printed name of registered agent at OFFICERS AND	ditte tappicable (1	OTE Registered A) Equired wh		8/96 DATE	
TITUE	D, P	DELETE	13. 1.1 TIT	LE	Dif	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECT	
NAME STREET ADDRESS	MICHAEL BLITZER. 815 N.E. 2714 AVE.		1.2 NAM 1.3 STR	IE Eet address	Mi 8	CHAEL BLITZER.		3
CITY - ST - ZIP	HALLANDAUE, FL 33009			1.4 CITY-ST-ZIP		ALLANDALE, FL3		
TITLE NAME	GG(AD) - NIMA BUIT.	SULAN-NINA BUITZEL			0, V	SAW-NINA BLIFE	EL Chang	e 53 Addition
STREET ADDRESS	815 NE 27th AVE			23 STREET ADDRESS 8		SAN-NINA BLIFE 5 N.E. 27+hAVE. UANDAUE, FL 336	~ O	
CHY-SI-ZIP THLE	HALLOWOTHE, FL 33009			24 CITY-ST-ZIP F(A)		UHNUAU=, FL 336	Change	e Addition
NAME STEEFT ADDRESS			3.2 NAM					_
CITY ST-ZIP				EET ADDRESS -S1-ZIP				
THEE NAME		DELETE	4 1 TITU 4.2 NAM		·		Change	e Addition
STREET ADDRESS				EET ADDRESS				
CHY-SI-7 P THEF		DELETE		- ST - 71P				
NAME		_ ottere	5 1 THE 5 2 NAM				☐ Change	e Addition
STREET ADDRESS				ET ADDRESS				
CHY-S1-20 TOTALE		DELETE	5 4 City 6 1 TiTu	- ST - 2(P F			Change	e Addition
NAME STOCKE AND DOOR OF			6 2 NAM					_
STREET ADDRESS CITY - ST - ZIF			6.4 CITY	ET ADDRESS -ST-ZIP				
14. I do hereb certify that	by certify that the information supplied wit the information indicated on this annual	n this filing is voluntarily fur report or supplemental an	niehad and de	oc not aval	ify for th	ne exemption stated in Section 119.0 and that my signature shall have the s	7(3)(k), Florida Stat ame legal effect as	utes. I further if made under
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 repellor 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 a later than an address.								
SIGNAT	URE: SIGNATURE AND TYPED OR PL	RINTED NAME OF SIGNING OFFIC	M I CHE	स्हा हि	36(7	TZER 3/8/96	983 . Daytime Phor	5100