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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CO. DRATIONS

1996

P95000032947 (0)

DOCUMENT # ESPRESSO AMERICANO OF FLORIDA, INC. Principal Place of Business Mailing Address 7734 APPLE TREE CIRCLE 7734 APPLE TREE CIRCLE ORLANDO FL 32819 ORLANDO FL 32819 3. Date Incorporated or Qualified 3a. Date of Last Report 04/24/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s 199,032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name BARILLAS, JUAN C Street Address (P.O. Box Number is Not Acceptable) 82 7734 APPLE TREE CIRCLE ORLANDO FL 32819 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1506. 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 charge was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the objections of, Section 607,0506, Jorida Statutes. JUAN C. BARILLYS (NOTE Registered Agent signature require 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE PRESIDENT DELETE 1. 1 TITLE Change Addition JUAN C. BARILLAS NAME 1.2 NAME 7734 APPLE TREE CIRCLE STREET ADDRESS 13 STREET ADDRESS OPLANDO, FL 32819 CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE PRESIDENT DELETE VICE 2 1 TITLE ☐ Change ☐ Addition NAME SANTA M. BARILLAS 2.2 NAME STREET ADDRESS SPPLE TREE CIRCUE 2.3 STREET ADDRESS CITY-ST-ZIP ORIANDO, FL 32819 2.4 CITY - ST - ZIP TITLE T] DELETE 3. 1 TIT: F Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3 4 CITY - ST - 7IP TITLE DELFTE 4 1 TITLE ☐ Change Addition NAME 4.2 NAME 100001854671 -06/07/96--01006--007 STREET ADORESS 43 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZiP ***200.00 TITLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 6 1 HITLE Change Addition NAME 6.2 NAME

6.3 STREET ADDRESS

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)(k). Florida Statutes, 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 make under oath, that I am an officer or director of the corporation or the receiver or fusitee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or Block 13 if changed

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT OFFICER OR DIRECTOR

or on an attachment with a

407) 363 4005

(12/95)

CR2E034