

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000038861 (7)

1. Corporation Name

SANTA FE COFFEE, INCORPORATED



Principal Place of Business

Mailing Address

5366 N SPRING WAY  
CORAL SPRINGS FL 33076

5366 N SPRING WAY  
CORAL SPRINGS FL 33076

3. Date Incorporated or Qualified

05/15/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1440 CORAL RIDGE DR

26 1440 CORAL RIDGE DR

4. FEI Number

65-0583265

Applied For

Not Applicable

22 Suite, Apt #, etc

#118

27 Suite, Apt #, etc

#118

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 City & State

CORAL SPRINGS, FL

28 City & State

CORAL SPRINGS, FL

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24 Zip

33071

Country

BROWARD

29 Zip

33071

Country

BROWARD

8. This corporation has liability for intangible tax under s. 199.03?  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

HOCHFELSON, JEFFREY S  
2101 CORPORATE BLVD  
SUITE 204  
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name SCOTT STADLER  
82 Street Address (P.O. Box Number is Not Acceptable)  
3111 UNIVERSITY DR.  
83 SUITE 725  
84 City CORAL SPRINGS FL 85 Zip Code 33065

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 and title if applicable

(NOTE: Registered Agent Signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE THOMAS W. 1502.  
12 NAME MICHAEL ROBLSTEIN  
13 STREET ADDRESS 10701 MAPLECHASE DR  
14 CITY - ST - ZIP BOCA RATON, FL 33498

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE  
62 NAME  
63 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. 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 617, 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

MICHAEL ROBLSTEIN

8/1/96

854-346-2542

Typed Name

CR2E034 (3/96)