FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000093365 (1)

COFFEE DELIG	HT, INC.		• •							
Principal Place of Business Mailing Address 1109 OKEECHOBEE ROAD 1109 OKEECHOBEE ROAD										
1109 OKEECHOBÉE ROA W PALM BEACH FL 3340			EACH FL 33401							
							3. Date Incorporated or Qualified 12/08/1995		ite of Last Re 23/1996	port
2. Principat Place of Bu	2a. Mailing Address					4. FEI Number	<u></u>		plied For	
Suite, Apt. #, etc.	11111111111111111111111111111111111111		Apt. #, etc.				65-0625699		\$8.75 A	t Applicable
22		27	φι. α, οις.				5. Certificate of Status Desired		Fee Re	
City & State		City & S	State				6. Election Campaign Financing		\$5.00	May Be
23		28		,			Trust Fund Contribution		Added to	
Zip	Country	Zip		30 Cou	intry		8. This corporation has liability for i	ntangible] Yes [199.032,
24 9, Nan	25 and Address of Curre	29 nt Registered As	gent	[30]	Γ		Florida Statutes 10. Name and Address of New Re			
COUSO, ILEA	ANA C				81	Name		<u></u>		VR
1109 OKEECHOBEE ROAD W PALM BEACH FL 33401				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)				
					83		Λ.			
					84	City		FL	85 Zip C	ode
11. Pursuant to the provoffice or registered agent. I am familiar	visions of Sections 607.050 agent, or both, in the State with and accept the oblig	02 and 607.1508 e of Florida. Such gations of, Section	, Florida Statut i change was i n 607.0505, Fl	es, the al authorized orida Stat	bove d by tutes	e-named co the corpor	rporation submits this statement for the pation's board of directors. I hereby accept		changing its ointment as i	registered registered
SIGNATURE Signapore by	ed or printed name of registered ag	ent and title if applicable	ie (NOT	E Registere	d Age	nt signature rec	julred when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
THE D), ILEANA C		DELETE	1.1 11					Change	Addition
	KEECHOBEE ROAD			1.2 N/		ADDRESS				
	M BEACH FL 33401			1,3 S1						l
TITLE D			DELETE	2.1 11				-,	Change	Addition
	ROCHA, DAVID D			22 N	AME	j]
	KEECHOBEE ROAD			23 57	REET	ADDRESS		; 15.		
	M BEACH FL 33401		I Deleve			ST-ZIP			T 1 2/	11118
THLE			DELETE	3.1 (1)]			Change	Addition
NAME STREET ADDRESS				3.2 N/		ADDRESS				
City-St-ZiP						ST-ZIP				
TITLE			DELETE	4.1 10					Change	Addition
NAME				4. 2 N	IAME					
STREET ADDRESS				4.3 ST	FREET	ADDRESS				
CHY-ST-ZIP				4.4 CI		T-ZIP			T	· .
Tillef			DELETE	\$.1 TI			,		Change	Addition
NAME				5.2 N/			·			
STREFT ADDRESS						ADDRESS				ļ
CHY-ST-ZIF TITLE		· · · · · · · · · · · · · · · · · · ·	DELETE	5.4 C(1-ZIP			Change	Addition
NAME			L DELKIL	6.2 N/					Charge	roduon
197-1910						ADDRESS	•			1

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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 or an attachment with an address

6.4 CITY - ST~ ZIP

SIGNATURE:

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/57 (52)

FILED

May 07 1997 8:00am

Secretary of State