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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000038875 (6)

PANINI COFFEE BAR, INC. Principal Place of Business Mailing Address 16 NE THIRD AVENUE 18 NE THIRD AVENUE MIAMI FL 33131 MIAMI FL 33132-2512 3. Date Incorporated or Qualified 3a. Date of Last Report 05/06/1996 2. Principal Place of Business 2a, Mailing Address 4. FEJ Number Applied For 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032 Country Country Yes Florida Statutes ☐ No 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MARKO, DAVID E 2 SOUTH BISCAYNE BLVD. STE 2600 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33131** 83 84 City Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. $\gamma \sim 4 \eta + 0$ or precious result of rog stored agent and little if applicable (NOTE: Registered Agent signature required when reinstating OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 13. 12 DELETE 1.1 TITLE 1:116 HAIK, ROBERT NAMi 1.2 NAME 20185 EAST COUNTRY CLUB DRIVE UNIT 705 STREET ADURESS 1.3 STREET ADDRESS MIAMI BEACH FL 33180 1.4 CITY - ST - 7(F CHY-51-701 DELETE TIME 2.1 TITLE NAVE 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST 7F 2.4 CITY-ST-2IP DELETE Change Addition 3 1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS **33 STREET ADDRESS** CHY-ST ZIE 34. CITY-ST-ZIP Addition DELETE Change 4.1 T(TLE TIME 4.2 NAME NAM 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP 01** - 51 - ZF DELETE Change Addition 5.1 TITLE THEF 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY-ST-ZIP City-51 ZiP DELETE Addition Change 61 TITLE 100 NAME 6.2 NAME

6.3 STREET ADDRESS

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 is a must 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 if the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

64 CITY - S1 - ZIP

SIGNATURE:

14. I do hereby certly that the information indicated on the lam an officer or director appears in Block 12 or E.

STREET ADDRESS

IGNATURE AND TYPED OR PRINTED WAME OF SIGNING OFFICER OR DIRECTO

or on an attachment with an addre

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7 301-377-Dayline Phono 1

FILED

Mar 28 1997 8:00am

Secretary of State