

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

FILED
Jun 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Northing Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PG6000055109 Corporation Name Java Trading Co. of South Florida, Inc.					
Principal Place of Business 9020 SR 84 Davie, Fl. 33324			Mailing Address same		
1. Principal Place of Business 21		2. Mailing Address 26		3. Date incorporated or Qualified 1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FE Number 650707936	
City & State 23		City & State 28		5. Certificate of Status Desired ☐ Additional Fee Required	
Zip 24		Country 25		6. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No	
7. Name and Address of Current Registered Agent Starson, Jr., Peter P. 8751 W. Broward Blvd. Suite 106 Plantation, Fl. 33324			8. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
			FL 85 Zip Code		
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 <u>Peter P. Starson, Jr.</u> PETER P. STARSON, JR. 6-3-97 Signature typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when changing) DATE					
12. OFFICERS AND DIRECTORS					
1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		1.5 Change ☐ Addition ☐	
2.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		2.5 Change ☐ Addition ☐	
3.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		3.5 Change ☐ Addition ☐	
4.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		4.5 Change ☐ Addition ☐	
5.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		5.5 Change ☐ Addition ☐	
6.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		6.5 Change ☐ Addition ☐	

[REDACTED]

1. Date incorporated or Qualified 1996	2. Date of Last Report
3. FE Number 650707936	4. Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	6. Additional Fee Required
7. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No	8. May Be Added to Fees

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
	FL 85 Zip Code

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 Peter P. Starson, Jr. **PETER P. STARSON, JR.** **6-3-97**
Signature typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS	
1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
2.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
3.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP	3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
4.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
5.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP	5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
6.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP	6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

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; this I am an officer or director of the corporation or 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 on any attachment with an address.

SIGNATURE Marc Kallen Pres. **MARC KALLEN PRES** **6-10-97** **1450** **3332-99-3**

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