

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

PROFIT *Amendment*
CORPORATION
ANNUAL REPORT



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

FILED
Jun 24 1997 8:00am
Secretary of State

DOCUMENT #

1. Corporation Name

CURACAO COFFEE HOLDINGS, INC.

Principal Place of Business (Old Address) Mailing Address

C/O Rabobank Nederland Legal Dept.
245 Park Avenue, 36th Floor
New York, New York 10167

2. Principal Place of Business (New)

2b. Mailing Address (New)

21 8801 N.W. 15th Street

26 8801 N.W. 15th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Miami, FL

City & State

28 Miami, FL

Zip

24 33172

Country

Zip

29 33172

Country

30

3. Date Incorporated or Qualified

8/13/96

3a. Date of Last Report

5/6/97

4. FEI Number

58-2256484

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 South Pine Island Road
Plantation, FL 33324

10. Name and Address of New Registered Agent

81 Name

Ronald R. Fieldstone

82 Street Address (P.O. Box Number is Not Acceptable)

200 S. Biscayne Blvd. Suite 2100

83

84 City

Miami

FL

85 Zip Code

33131

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and name if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME wagner, Willem

STREET ADDRESS 245 Park Avenue, 36th Floor

CITY-ST-ZIP New York, NY 10167

TITLE D ☒ DELETE

NAME Lotufo, Mario

STREET ADDRESS 245 Park Avenue, 36th Floor

CITY-ST-ZIP New York, NY 10167

TITLE D ☒ DELETE

NAME Reidlin, Hanna

STREET ADDRESS 245 Park Avenue, 36th Floor

CITY-ST-ZIP New York, NY 10167

TITLE D ☒ DELETE

NAME Zienpsn, Dennis

STREET ADDRESS 245 Park Avenue, 36th Floor

CITY-ST-ZIP New York, NY 10167

TITLE D ☒ DELETE

NAME De Konkoly Thege, Michel

STREET ADDRESS 245 Park Ave, 36th Floor

CITY-ST-ZIP New York, NY 10167

TITLE D ☒ DELETE

NAME Henrich, George

STREET ADDRESS 245 Park Avenue, 36th Floor

CITY-ST-ZIP New York, NY 10167

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D,S ☐ Change ☒ Addition

1.2 NAME Luis Diego Sanchez Solera

1.3 STREET ADDRESS 8801 N.W. 15th Street

1.4 CITY-ST-ZIP Miami, FL 33172

2.1 TITLE P,T ☐ Change ☒ Addition

2.2 NAME Ignacio Perez Echeverria

2.3 STREET ADDRESS 8801 N.W. 15th Street

2.4 CITY-ST-ZIP Miami, FL 33172

3.1 TITLE VP, Asst.S ☐ Change ☒ Addition

3.2 NAME Lawrence Elsie

3.3 STREET ADDRESS 8801 N.W. 15th Street

3.4 CITY-ST-ZIP Miami, FL 33172

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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***\$1.25

14. I do hereby certify that the information appearing 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 607, 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

Ignacio Perez Echeverria

6/13/97

305-591-1128

Date

Daytime Phone #