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Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000089953 (9)**

1. Corporation Name
MIAMI COFFEE PACKERS, INC.

Principal Place of Business	Mailing Address
~~9415 FONTAINEBLEAU BLVD. #205~~ ~~MIAMI FL 33172~~	~~9415 FONTAINEBLEAU BLVD. #205~~ ~~MIAMI FL 33172-5673~~

3. Date Incorporated or Qualified: 11/01/1996
3a. Date of Last Report:

2. Principal Place of Business
21 Suite 221
Suite, Apt. #, etc.
22 3000 Gulf To Bay Blvd.
City & State
23 Clearwater Florida
Zip 24 34619-4304 Country 25 U.S.A.

2a. Mailing Address
26 Suite 221
Suite, Apt. #, etc.
27 3000 Gulf To Bay Blvd.
City & State
28 Clearwater Florida
Zip 29 34619-4304 Country 30 U.S.A.

4. FEI Number: 65-0715456 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$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

~~ELSIE, LAWRENCE E~~
~~9415 FONTAINEBLEAU BLVD. #205~~
~~MIAMI FL 33172~~

10. Name and Address of New Registered Agent

81 Name: Elsie, Lawrence E.
82 Street Address (P.O. Box Number is Not Acceptable): 2 Fern Court
83
84 City: Safety Harbor FL 85 Zip Code: 34695

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~DPS~~	☑ DELETE	1.1 TITLE	DPS.	☑ Change ☐ Addition
NAME	~~ELSIE, LAWRENCE E~~		1.2 NAME	Elsie, Lawrence E.	
STREET ADDRESS	~~9415 FONTAINEBLEAU BLVD. #205~~		1.3 STREET ADDRESS	2 Fern Court	
CITY-ST-ZIP	~~MIAMI FL 33172~~		1.4 CITY-ST-ZIP	Safety Harbor, Fl. 34695	
TITLE	DVT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SAENZ, JIMMY		2.2 NAME		
STREET ADDRESS	9415 FONTAINEBLEAU BLVD. #205		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33172		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 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: Lawrence E Elsie Lawrence E Elsie 4/29/97 (813)724-3055