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FILED
May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000093907

SSA COFFEE SHOP, INC.

Principal Place of Business Mailing Address
10391 SW 205th Terrace 10391 SW 205th Terrace
Miami, FL 33189 Miami, FL 33189

21. Principal Place of Business	26. Mailing Address	3. Date Incorporated or Qualified 11/18/96	3a. Date of Last Report N/A
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number 65-0710468	Applied For Not Applicable
23. City & State	28. City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
24. Zip	25. Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
29. Zip	30. Country	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

Stanley Appel
10710 SW 211th Street
Miami, FL 33189

10. Name and Address of New Registered Agent

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

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

Signature of Registered Agent (Required when changing agent)

NOTE: Registered Agent's signature required when resigning.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1. TITLE	☐ Change ☐ Addition
NAME	Stanley Appel	2. NAME	
STREET ADDRESS	10391 SW 205th Terrace	3. STREET ADDRESS	
CITY-STATE-ZIP	Miami, FL 33189	4. CITY-STATE-ZIP	
TITLE	☐ DELETE	21. TITLE	☐ Change ☐ Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-STATE-ZIP		24. CITY-STATE-ZIP	
TITLE	☐ DELETE	31. TITLE	☐ Change ☐ Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-STATE-ZIP		34. CITY-STATE-ZIP	
TITLE	☐ DELETE	41. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-STATE-ZIP		44. CITY-STATE-ZIP	
TITLE	☐ DELETE	51. TITLE	☐ Change ☐ Addition
NAME		52. NAME	5/16/97
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE	☐ DELETE	61. TITLE	☐ Change ☐ Addition
NAME		62. NAME	600002171696
STREET ADDRESS		63. STREET ADDRESS	-05/08/97--01099--068
CITY-STATE-ZIP		64. CITY-STATE-ZIP	***825.00

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:

SIGNATURE AND ADDRESS OF SIGNING OFFICER OR DIRECTOR

4-29-97

Date

Daytime Phone #

CR2E034 (9/96)