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May 02 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 # P96000098721 (9)

1. Corporation Name
THE GOURMET COFFEE CO. INC.

Principal Place of Business	Mailing Address
7540 SW 59 CT. SUITE 30 SOUTH MIAMI FL 33143	7540 SW 59 CT. SUITE 30 SOUTH MIAMI FL 33143-5189

3. Date Incorporated or Qualified: 12/06/1996
3a. Date of Last Report:

2. Principal Place of Business
21 8414 SW 103 Ave
22 Suite, Apt. #, etc.
23 City & State: Miami, FL
24 Zip: 33173 25 Country: USA

2a. Mailing Address
26 8414 S W 103 Ave
27 Suite, Apt. #, etc.
28 City & State: Miami, FL.
29 Zip: 33173 30 Country: USA

4. FEI Number: 65-0714076 ☐ 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

HAMMONS, FOY H
2701 SO BAYSHORE DR, SUITE 606
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name: WILLIAM McHALE
82 Street Address (P.O. Box Number is Not Acceptable): 8414 S.W. 103 Ave
83
84 City: miami FL 85 Zip Code: 33173

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: William J McHale — WILLIAM McHALE — 4/24/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE	P	☒ Change ☐ Addition
NAME	MCHALE, WILLIAM		12 NAME	McHALE, William	
STREET ADDRESS	7540 SW 59 CT, SUITE 30		13 STREET ADDRESS	8414 S.W. 103 AVE.	
CITY-ST-ZIP	SOUTH MIAMI FL 33143		14 CITY-ST-ZIP	Miami, FL. 33173	
TITLE		☐ DELETE	21 TITLE	T	☐ Change ☒ Addition
NAME			22 NAME	CARUSO, MELINDA	
STREET ADDRESS			23 STREET ADDRESS	8414 S.W. 103 AVE.	
CITY-ST-ZIP			24 CITY-ST-ZIP	Miami, FL. 33173	
TITLE		☐ DELETE	31 TITLE	V.P.	☐ Change ☒ Addition
NAME			32 NAME	Dorsey, Thomas	
STREET ADDRESS			33 STREET ADDRESS	5500 S.W. 85th ST	
CITY-ST-ZIP			34 CITY-ST-ZIP	Miami, FL. 33143	
TITLE		☐ DELETE	41 TITLE	S	☐ Change ☒ Addition
NAME			42 NAME	Dorsey, Paige	
STREET ADDRESS			43 STREET ADDRESS	5500 S.W. 85th ST	
CITY-ST-ZIP			44 CITY-ST-ZIP	Miami, FL. 33143	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 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: [illegible] MELINDA CARUSO 4/24/97