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FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000036656 (1)

1. Corporation Name
BARISTA, INC.



Principal Place of Business

Mailing Address

7823 MANOR FOREST BOULEVARD
BOYNTON BEACH FL 33462

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BOYNTON BEACH FL 33462

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1997

4. FEI Number

65-0749266

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 6854 Forest Hill Blvd.

Suite, Apt. #, etc.

22

City & State

23 West Palm Beach, FL

Zip

24 33413

Country

25 Palm Beach

2a. Mailing Address

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

JENSEN, BONNI S
105 SOUTH NARCISSUS AVENUE
SUITE 510
WEST PALM BEACH FL 33401

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SPATARA, JAMES
STREET ADDRESS 167 HARBOR LAKES CIRCLE
CITY-ST-ZIP WEST PALM BEACH FL 33413

TITLE D ☐ DELETE

NAME SPATARA, ANN E
STREET ADDRESS 167 HARBOR LAKES CIRCLE
CITY-ST-ZIP WEST PALM BEACH FL 33413

TITLE D ☐ DELETE

NAME SPATARA, TRACEY L
STREET ADDRESS 7823 MANOR FOREST BOULEVARD
CITY-ST-ZIP BOYNTON BEACH FL 33462

TITLE D ☐ DELETE

NAME JENSEN, STEVEN L
STREET ADDRESS 91 W. PLUMOSA LANE
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE D ☐ DELETE

NAME KAVEKOS, JULIE
STREET ADDRESS POST OFFICE BOX 630
CITY-ST-ZIP LAHASKA PA 18931

TITLE D ☐ DELETE

NAME JENSEN, BONNI S
STREET ADDRESS 91 W. PLUMOSA LANE
CITY-ST-ZIP LAKE WORTH FL 33467

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

14. I 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 Julie Kavekos, Julie Kavekos, 4-28-98, FL-916-2222

CR2E034 (10/97)