2-24-98 B-2436 FILE NOW: FILING FEE AFTER MAY 1

PROFIT CORPORATION ANNUAL REPORT

1998

COHEN, CHARLES I ESQ. 1499 W. PALMETTO PARK ROAD

BOCA RATON FL 33486

SUITE 412



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

| 1. Corporation Name TRIO COFFEE, INC. | | | | |
|--|---|--|----------------------------------|--|
| Principal Place of Business | Mailing Address | - 1900/1006 318 (014) (00) (00) 80/11 80/11 80/11 00/11 100/11 | OONIN IOONIO ONIOO NAN 1901 | |
| 1499 W. PALMETTO PARK ROAD SUITE 412 BOCA RATON FL 33486 | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/14/1997 | | | |
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied Fo | |
| 21 5250 TOWN CENTER CIPCLE # 117 | 26 5250 TOWN LENTER CIRCLE #117 | 65-0711511 | Not Applica | |
| Suite, Apt #. etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired | \$8.75 Additiona Fee Required | |
| City & State 23 BOCA PATON FL | City & State 28 Por A RATON FL | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| 24 33432 25 ALM BUT | 29 33432 30 PALMBERT | This corporation owes or has paid the curre Personal Property Tax due June 30. | ent year Intangible Yes | |
| Name and Address of Curren | t Registered Agent | 10 Name and Address of New Registered A | cent | |

84 City Zip Code

81

82

83

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

| SIGNATURE | | | | | | | |
|-----------------|---|--|----------------------|---------------|----------------------|----------|---------------------|
| | Signature: typed or printed name of registered agent and title if app | Registered Agent signature requires when reinstalling) | | | DATE | | |
| 12. | OFFICERS AND DIRECTOR | DELETE | 13. | ADDITIONS/CHA | NGES TO OFFICERS AND | Change | S IN 12 Addition |
| TITLE | PSD | | 11 TITLE | | ţ | ∟ Unange | Moninou |
| NAME | HACHIKIAN, MICHAEL | | 1.2 NAME | | | | |
| STREET ADDRESS | 5250 TOWN CENTER ROAD #113 | | 1.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | BOCA RATON FL 33486 | | 1.4 CITY-ST-ZIP | | | | |
| TITLE | VPTD | ☐ DELETE | 2.1 TITLE | | | Change | ☐ Addition |
| NAME | BOSCH, HANS E.R. | | 2.2 NAME | | | | |
| STREET ADDRESS | 101 COMMERCIAL STREET | | 2.3 STREET ADDRESS | | | | |
| CITY - ST - ZIP | PLANVIEW NY 11803 | | 2. 4 CITY - ST - ZIP | | | | |
| TITLE | | DELETE | 31 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 | , | <u> </u> | Change | Addition |
| NAME | | | 5.2 NAME | 1 | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | 4 | | | |
| 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 | 1 | | | |

14. Thereby certify that the information supplied with this filling 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 suppliemental 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 or any it achieves.

2/11/08

561.90d.8772

FILED

Feb 24 1998 8:00am

Secretary of State

Applied For Not Applicable