

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
99 FEB 10 PM 4: 31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000084141 (5)**

1. Corporation Name  
**GREEN COFFEE USA, INC.**



Principal Place of Business: **6361 PRESIDENTIAL CT. #109 FORT MYERS FL 33919**  
Mailing Address: **6361 PRESIDENTIAL CT. #109 FORT MYERS FL 33919**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	<b>15180 WHIMBREL CT</b>	26	<b>15180 WHIMBREL CT</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	City & State	27	City & State
23	<b>FT. MYERS FL</b>	28	<b>FT. MYERS FL</b>
24	Zip <b>33908</b>	25	Country <b>USA</b>
29	Zip <b>33908</b>	30	Country <b>USA</b>

3. Date Incorporated or Qualified: **09/29/1997**

4. FFI Number:  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

9. Name and Address of Current Registered Agent  
**GAGLIARDI, JOSEPHINE**  
**6361 PRESIDENTIAL CT. #109**  
**FORT MYERS FL 33919**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): **900002776579-2**

83

84 City: **02/16/99-01024-005**  
**\*\*\*\*900.FL \*\*\*900.00**

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: *Josephine Gagliardi* **JOSEPHINE GAGLIARDI** **01-30-99**

(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CAVALLINI, CARLOS M</b>	
STREET ADDRESS	<b>15180 WHIMBREL COURT</b>	
CITY-ST-ZIP	<b>MYERS FL 33908</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

**REINSTATEMENT**

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: *Shirley Cavallini*

12-25-98

CR2E034 (10/97)