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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000090476

COFFEE AND FARM PRODUCTS, INC.

FILED Jun 01 1998 8:00am Secretary of State

Principal Plac	ce of Business	Mailing Andress				1					
	N.W. 7th. St.	#34 4315 N.W.	.7th	•	St.#34	ŀ					
Miam	mi, Fl. 33126 Miami, Fl. 33126						DO NOT WRITE IN THIS SPACE				
						3. Date incorporated or Qualified October 21st., 1997					
2. Principal f	ncipal Place of Business 2a. Mailing Address					4. FEI Numbe				pplied For	
21	26					65-08	06054			lot Applicable	
Suite. Apt. #, etc. Suite, Apt. #, etc.						5. Certificate	of Status Desired			Additional	
22 27										Required	
City & State City & State							mpaign Financing			May Be	
Zip	Country	Zip	Cou	ntrv			Contribution				
24	25 29 3			,		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No					
	9. Name and Address of C		1201				Address of New I				
Joos	A. de la Guar			81	Name	·					
				82	Ctropt Add-	nee (P.O. Boy No.	nber is Not Accept	abla)			
	Coral Way Sui	te #SUS	ĺ	02.	Street Addit	ess (F.O. BOX NUT	iber is Not Accept	able)			
Miami	, F1. 33145			83							
				94	City				05 7.5	Code	
				84	City			FL	85 Zip	Code	
11. Pursuani	to the provisions of Sections 60	7,0502 and 607,1508, Fiorida Stat	utes, the at	ove	-named corpo	oration submits thi	s slatement for the	purpose of	changing i	ts registered	
office or agent. I a	registered agent, or both, in the am familiar with ward accept the	State of Florida. Such change was obligations of, Section 607.0505.	s autnorizet Florida Stat	ı by utes	the corporate	on's board or direc	nors I nereby acc	ept the appo	oniment as	registerea	
SIGNATURE	- 1/4/20 1/2	La Guardia	Jose (дe	la Gua:	rdia		4.19.98			
SIGNATURE	Storiature, typed of profed name of registe	med agent and tide if applicable (NO	OTE: Registeres	Ager	nt signature require	d when reinstating)		DATE			
12.	OFFICER	S AND DIRECTORS	13.			ADDITIONS	CHANGES TO OFF	FICERS AND			
nure b\D	Sagastu rie , Jul	lio Cesar	1.1 TJI 1.2 NA				,		Change	☐ Addition	
25 Ave. 25-05, Zone 12											
STREET ADDRESS	Guatemala City			-	ADDRESS						
CITY-ST-ZIP		DELETE	1.4 CI						Chann	XX Addition	
TITLE		L DECENE	2.1 T/J				La Guardi		CHANGE	- MOUNDAIL	
NAME			2.2 NAM				Way Ste.5	200		ļ	
STREET ADDRESS]					iami, F1.	33145				
CITY-ST-ZIP		☐ DELETE	2. 4 CI 3.1 TII		1 - AP				Change	☐ Addition	
TITLE		_ piceri	3.2 NA						- Shange	- Powerult	
STREET ADDRESS			9		ADDRESS						
CITY-ST-ZIP			3.4. CI								
TITLE		DELETE	4.1 111						Change	Addition	
NAME			4. 2 N						-		
STREET ADDRESS			4.3 ST	AEET A	ADORESS						
CHTY-ST-ZIP			44 01								
TITLE		☐ DELETE	5 1 TIT						☐ Change	Addition	
NAME			5.2 NA	ME							
STATELY ADDRESS			5.3 S !!	REET A	ADDRESS						
CITY-ST-ZIP			5.4 CIT	Y-SI	- ZIP					1	
TITLE		DELETE	6.1 [1]	LF					Change	L. Y Addition	
NAME			6.2 NA	ME			00025			12	
STREET ADDRESS			6.3 ST	REET A	ADDRESS		/02/9801	i ilig (===l	J Z 5	4/)	
CHY+ST-ZIP			6.4 CIT				150.00				
14. Thereby (certify that the reformation suppl	lod with this filing does not qualify	for the exe	ilam	ion stated in S	Section 119.07(3)(i). Florida Statutes	. I further ce	ctify that the	e information	

i. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on hits annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, 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 chapted, or on a attachment with an address.

SIGNATURE:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Jose A.de la Guardia Secretary

4.19.98

(305)261-5505