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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000090476

1. Corporation Name

COFFEE AND FARM PRODUCTS, INC.

FILED Jul 07, 1999 8:00 am Secretary of State

07-07-1999 90012 002 ***550.00



Principal Place	of Business	Mailing Address			T (CARICANE IIM I CARE LANGIL MAIIE MAIIE MAIRE	1 satil dalle alalı	(ABIA BILL ISBI
4315 NW 7TH ST. #34 4315 NW 7TH ST. #34 MIAMI FL 33126 MIAMI FL 33126					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed 10/21/1997		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	oplied For
21	26				65-0806054		ot Applicable
- Suite, Apt. #, etc Suite, Apt. #, etc 27					5. Certificate of Status Desired		Additional equired
City & State	28				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	'	8. This corporation owes the current year Ir		. .
24 25 29 30					Personal Property Tax.	Yes	₩o
	9. Name and Address of Current	Registered Agent	81		10. Name and Address of New Registered	Agent	
DE LA CARRIA JOSE A				Name			
DE LA GARDIA, JOSE A			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
3191 CORAL WAY SUITE 505			\				
MIAMI FL 33145			83	İ			
14117-111			84	City	FI	85 Zip (Code
office or re agent. I as SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligation of the obligation of the state of the obligation of the state of	of Florida. Such change was authorions of, Section 607.0505, Florida	Statutes	the comoratio		ondition as re	
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	SAGASTUME, JULIO CESAR	1	1.2 NAME	1			}
STREET ADDRESS	25 AVE 25-05, ZONA 12		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	GUATEMALA, CIUDAD		1.4 CITY-S	T-ZIP			
TITLE	S .	☐ DELETE	2.1 TITLE			Change	Addition
NAME	DE LA GUARDIA, JOSE A		2.2 NAME				
STREET ADDRESS	250 010 000 2 1111		2.3 STREE	TADDRESS		,	
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		Change	Addition
TITLE		DELETE	3.1 TITLE			□ cisaiâe	
NAME	•	İ	3.2 NAME				
STREET ADDRESS		ı		TADDRESS			
CITY-ST-ZIP		☐ DELETE	3.4. CITY-:	ST-ZIP		Change	Addition
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NAME							ĺ
STREET ADDRESS		1		T ADDRESS			
CITY-ST-ZIP TITLE		□ DELETE	4.4 CITY-S 5.1 TITLE	71-41		☐ Change	Addition
			5.2 NAME			_,	}
NAME STREET ADDRESS				TADDRESS			Ì
			5.4 CITY-5				
CITY-ST-ZIP TITLE			6.1 TITLE			Change	☐ Addition
NAME		<u>,</u>	6.2 NAME	-			Ì
STREET ADDRESS			6.3 STREE	TADDRESS			
SIREE I ADDRESS							

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, with all other like empowered.

be Dieta Guandia Riscerna

7-2-99

(305) 361-5505