

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

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Apr 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S74730**

(0)

1. Corporation Name

**MEGA COFFEE CORPORATION**

Principal Place of Business

**C/O MICHAEL A. RUBIN, ESQ.  
420 S. DIXIE HIGHWAY, SUITE #4B  
CORAL GABLES FL 33146**

Mailing Address

**C/O MICHAEL A. RUBIN, ESQ.  
420 S. DIXIE HIGHWAY, SUITE #4B  
CORAL GABLES FL 33146-2291**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/19/1991</b>	3a. Date of Last Report <b>04/09/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0287694</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RUBIN, MICHAEL A.  
420 S. DIXIE HIGHWAY  
SUITE #4B  
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	NAME	1.2 NAME	
CITY - ST - ZIP	NAME	1.3 STREET ADDRESS	
	NAME	1.4 CITY - ST - ZIP	
TITLE	NAME	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	NAME	2.2 NAME	
CITY - ST - ZIP	NAME	2.3 STREET ADDRESS	
	NAME	2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	NAME	3.2 NAME	
CITY - ST - ZIP	NAME	3.3 STREET ADDRESS	
	NAME	3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	NAME	4.2 NAME	
CITY - ST - ZIP	NAME	4.3 STREET ADDRESS	
	NAME	4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	NAME	5.2 NAME	
CITY - ST - ZIP	NAME	5.3 STREET ADDRESS	
	NAME	5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	NAME	6.2 NAME	
CITY - ST - ZIP	NAME	6.3 STREET ADDRESS	
	NAME	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0505, 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 has 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: X

**Mariana Gonzalez**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/26/97 (305) 663-2769**

Date

Daytime Phone #

0205213

CR2E034 (9/96)