

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

FILED

Feb 18 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **S75658** (2)
1. Corporation Name
COFFEE TREE CORPORATION



| | |
|---|---|
| Principal Place of Business 3000 NORTH OCEAN DRIVE SUITE 34-C RIVIERA BEACH FL 33404 US | Mailing Address 3000 NORTH OCEAN DRIVE SUITE 34-C RIVIERA BEACH FL 33404 US |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | | 3. Date Incorporated or Qualified 08/26/1991 | |
| 25 | | 30 | | 4. FEI Number 65-0292430 | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | |
|---|--|--|--|---|--|
| 9. Name and Address of Current Registered Agent DEL RIO, OMAR 2324 S. CONGRESS AVE. NO. 2C WEST PALM BEACH FL 33406 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------|---|--|
| TITLE | D LONDONO, JOHN | 1.1 TITLE | |
| NAME | 3000 N. OCEAN DR.#31-E | 1.2 NAME | |
| STREET ADDRESS | RIVIERA BEACH FL | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | D LONDONO, ALICIA | 2.1 TITLE | |
| NAME | 3000 N. OCEAN DR.#31-E | 2.2 NAME | |
| STREET ADDRESS | RIVIERA BEACH FL | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | D LONDONO, JUAN CAMILO | 3.1 TITLE | |
| NAME | CR 51 NO. 3610 | 3.2 NAME | |
| STREET ADDRESS | MEDELLIN, COLUMBIA SA | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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:  **JOHN LONDONO** **2/2/98**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0311489

CR2E034 (10/97)