FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 10 PM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S77146 (6)

1. Corporation Name

SPICES OF LIFE GOURMET COFFEE, INC.

Principal Place of Business	Mailing Address
% LEE E. MILLER 113 SE 41 TER CAPE CORAL FL 33904-8378	% LEE E. MILLER 113 SE 41 TER CAPE CORAL FL 33904-8378

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/28/1991
3a. Date of Last Report: 05/11/1994

2. Principal Place of Business	2a. Mailing Address
21 3746 SANTA BARBARA PLACE	26 3746 SANTA BARBARA PLACE, SE.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 CAPE CORAL FL.	City & State 28 CAPE CORAL, FL.
Zip 24 33904 Country 25 USA	Zip 29 33904 Country 30 USA

4. FEI Number: 65-0334460 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MILLER, LEE E.
113 SE 41 TER
CAPE CORAL FL 33904-8378

10. Name and Address of New Registered Agent

81 Name: LITA MILLER-OLMOS
82 Street Address (P.O. Box Number is Not Acceptable): 3746 SANTA BARBARA PLACE
83
84 City: CAPE CORAL FL 85 Zip Code: 33904

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	MILLER, LEE E.	1.2 NAME	Sold to Lita M. Olmos
STREET ADDRESS	113 SE 41 TER	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☒ Change ☐ Addition
NAME	MILLER, MARCELL N.	2.2 NAME	Sold To Lita M. Olmos
STREET ADDRESS	113 SE 41 TER	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	OWNER P/S/T/D ☒ Change ☐ Addition
NAME	OLMOS, LITA M.	3.2 NAME	100 % OLMOS, LITA M.
STREET ADDRESS	3746 SANTA BARBARA PLACE S.E.	3.3 STREET ADDRESS	3746 SANTA BARBARA PLACE
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	CAPE CORAL FL.
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Lita M. Olmos 3/6/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0320187 CP