FILE NOW: FILING FEE AFTER MAY 1 IS $2[illegible]5.00

PROFIT CORPORATION ANNUAL REPORT

1996 2-7-96 B-842 C

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

DOCUMENT # **584241** **(4)**

1. Corporation Name

LA MIA MARKET, INC.

Principal Place of Business	Mailing Address
3001 N.W. 17 AVENUE MIAMI FL 33142	3001 N.W. 17 AVENUE MIAMI FL 33142

3. Date Incorporated or Qualified: **08/11/1978**
3a. Date of Last Report: **03/20/1995**

2. Principal Place of Business (21) [illegible]
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26) [illegible]
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: **59-1919034** ☐ 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

BARRIOS, JOSE ANTONIO
3003 SW 18 ST
MIAMI FL 33145

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 [illegible] DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BARRIOS, JOSE ANTONIO 3003 SW 18 ST MIAMI FL	☐ DELETE SECRETARY DS	1 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP	DP BARRIOS, JOSE A JR 3003 SW 18ST MIAMI FLA	☑ Change ☐ Addition DP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BARRIOS, LYDIA 3003 SW 18 ST MIAMI FL	☐ DELETE DT	2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY-ST-ZIP	DS BARRIOS, JOSE A 3003 SW 18ST MIAMI, FLA	☑ Change ☐ Addition DS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BARRIOS, JOSE ANTONIO JR 3003 SW 18ST MIAMI FL	☐ DELETE PRESIDENT DP	3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP	DT BARRIOS, LYDIA 3003 SW 18ST MIAMI, FLA	☑ Change ☐ Addition DT
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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: Joe Barrios 1-30-96 (305)633-7029 635-3382

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #