

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000058568 (4)**

1. Corporation Name

EL PALACIO SUPERMARKET, INC.



Principal Place of Business

**995 S.W. 5TH ST.
MIAMI FL 33130**

Mailing Address

**995 S.W. 5TH ST.
MIAMI FL 33130**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**OLIVA, TOMAS
995 S.W. 5TH ST.
MIAMI FL 33130**

3. Date Incorporated or Qualified

08/09/1994

3a. Date of Last Report

03/08/1995

4. FEI Number

65-0510143

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

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 607.05(2) and 607.15(2), 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 607.15(2), Florida Statutes.

SIGNATURE

Signature of Officer or Director

Signature of Registered Agent

Date

12. OFFICERS AND DIRECTORS

12.1 NAME	PD	☐ DELETE
12.2 NAME	OLIVA, TOMAS	
12.3 STREET ADDRESS	995 S.W. 5TH ST.	
12.4 CITY, STATE, ZIP	MIAMI FL 33130	
12.5 NAME	VD	☐ DELETE
12.6 NAME	OLIVA, NORMA F	
12.7 STREET ADDRESS	995 S.W. 5TH ST.	
12.8 CITY, STATE, ZIP	MIAMI FL 33130	
12.9 NAME		☐ DELETE
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY, STATE, ZIP		
12.13 NAME		☐ DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY, STATE, ZIP		
12.17 NAME		☐ DELETE
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, STATE, ZIP	
13.5 NAME	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, STATE, ZIP	
13.9 NAME	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, STATE, ZIP	
13.13 NAME	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, STATE, ZIP	
13.17 NAME	☐ Change ☐ Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY, STATE, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(b), 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. 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 additional block with an address.

SIGNATURE:

Norma F. Oliva
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Norma F. Oliva, V. Pres.

CR2E034 (12/95)