

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

APPROVED  
AND  
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98 JAN -9 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **442512** (0)  
1. Corporation Name  
**SANTA CLARA MARKET, INC.**

Principal Place of Business  
**92 E. 8TH STREET  
HIALEAH FL 33010-4414**

Mailing Address  
**92 E. 8TH STREET  
HIALEAH FL 33010-4414**

2. Principal Place of Business <b>21 2300 CORAL WAY</b> Suite, Apt. #, etc. <b>22 SUITE # 200</b> City & State <b>23 MIAMI FLORIDA</b> Zip <b>24 33145</b>		2a. Mailing Address <b>26 2300 CORAL WAY</b> Suite, Apt. #, etc. <b>27 SUITE # 200</b> City & State <b>28 MIAMI FLORIDA</b> Zip <b>29 33145</b> Country <b>25 U.S.</b>		3. Date Incorporated or Qualified <b>01/16/1974</b>	
4. FEI Number <b>59-1499365</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>LOPEZ, AMADA C. 1036 SW FIRST STREET MIAMI FL 33130</b>				10. Name and Address of New Registered Agent <b>81 Name FLORIDA ANNUAL REPORT SERVICES INC. 82 Street Address (P.O. Box Number is Not Acceptable) 2300 CORAL WAY, SUITE # 200 83 84 City MIAMI FL 85 Zip Code 33145</b>	

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]* DATE **Jan 8/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>P/</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ACOSTA, LAZARO L.</b>		1.2 NAME <b>VALDES RAMON</b>	
STREET ADDRESS <b>92 E 8TH STREET</b>		1.3 STREET ADDRESS <b>215 W. 32 STREET</b>	
CITY-ST-ZIP <b>HIALEAH, FL 00000</b>		1.4 CITY-ST-ZIP <b>HIALEAH FLORIDA 33012</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 *[Signature]* DATE **Jan 8/98**

CR2E034 (10/97)