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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # 355941** 

(6)

EL NUEVO PRIMER MARKET, INC. Principal Place of Business Mailing Address 2254 N W 28TH ST 2254 N W 28TH ST MIAMI FL 33142-5906 MIAMI FL 33142 3. Date Incorporated or Qualified 3a. Date of Last Report 11/26/1969 02/27/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-1276906 21 26 Not Applicable Surte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation has liability for intengible tax under s. 199.032, Yes No 24 30 Florida Statutes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 VERDE, HERIBERTO 2636 NW 24 AVE. 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33142 83 84 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 Signature typied of productioning of rogistered agent and title it applicable (NDTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition ΡĎ DELETE Change 10 E 11 TITLE VERDE. HERIBERTO NAME 1.2 NAME 2636 NW 24 AVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY - S1 - 2IF 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY - ST - ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 34. CITY-ST-ZIP DELETE Change Addition THLE 4 1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHY-S1-ZIP DELETE Change Addition 5.1 TITLE THILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZiP DELETE Change Addition 6.1 TITLE TITLE

14. I do nereby 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.

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

01-17-97

Daytime Phone # 01955

(96/6)

**FILED** 

Jan 23 1997 8:00am

Secretary of State