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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

363540

(6)

CUBAN MARKET, INC.

Address

Principal Place of Business 806 E SUGARLAND HIGHWAY CLEWISTON FL 33440		Mailing Address					
		806 E SUGARLAND HIGHWAY CLEWISTON FL 33440					
		OLEMOTOR TE 441.4	CLEMOTOR TE 33770			3. Date Incorporated or Qualified 3a. Date of Last Report	
						05/04/1970 04/20/1995	
A Disabal Dian	a of Pusinger	2a. Mailing Address				4. FEI Number Applied For	
2. Principal Place	e of Business	26				59-1290299 Not Applicat	
Suite, Apt. #, etc.		Suite, Apl. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required		
		27			6. Election Campaign Financing \$5.00 May Be		
City & State		City & State			Trust Fund Contribution Trust Fund Contribution Added to Fees		
3	<u> </u>	28	Court	ntrv		8. This corporation has liability for intangible tax under s 199.032,	
Zip ·	Country	7ip	30	,		Florida Statutes	
4	25 9. Name and Address of Curren		.15.51			10. Name and Address of New Registered Agent	
	o. Harro			81	Name		
GONZALE	Z,GERARDO G		}	82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
303 VIA DEL AQUA			-	83			
CLEWISTO	ON FL 33440			63			
			1	l (City	FL 85 Zip Code	
		and 607 1609 Elorida Statute	s the above	ve-na	med corpo	ration submits this statement for the purpose of changing its registered c ard of directors. Thereby accept the appointment as registered agent. Far	
or registere familiar with	nd agent, or both, in the state of rion, in the state of rion, and accept the obligations of, Sect	tion 607.0505, Florida Statutes	ed by the c	corpor	anon s ooa	ration submits this statement for the purpose of claring its registered agent. Far and of directors. Thereby accept the appointment as registered agent. Far	
SIGNATURE _	GUDOLEATU OD	NIA/EZ	ilF Repstered	Agent:	signature reguere	od when reinstation) DATE	
	Signature, typed or printed name of registered age to OFFICERS AN	ID D RECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	PD	[] DELETE	1. 1 T	ITLE		☐ Change ☐ Addit	
NAME	GONZALEZ,GERARDO G		1.2 N	AMÉ			
STREET ADDRESS	303 VIA DEL AQUA		1.3 \$1	TREEL /	DDRESS		
CITY-ST-ZIP	CLEWISTON FL		140	ity-st	- ZIP	☐ Change ☐ Addii	
TITLE	DVP	DELETE	2.11				
NAME	GONZALEZ, LANDELINA		2.2 N				
STREET ADDRESS	333 E. PASADENA AVE.				ADDRESS		
City-St-ZiP	CLEWISTON FL	T'] DELE 1E	2.4 C 3 1 T	HY-SI	- //-	Change Addi	
TITLE	STD	First Derest	32 N			2	
NAME	GONZALEZ,GODOBERTO 323 E. PASADENA AVE.				ADDRESS	1907 N.W. VINELAKE DR.	
STREET ADDRESS	CLEWISTON FL		1	CITY-S	1-71P	STUART, Fl. 34994	
CITY-ST-ZIP	T CLETIOION FL	DELETE		TITLE		1907 N.W. PINELAKE DR. STUART, Fl. 3 × 99 Change Add	
TITLE	GONZALEZ, GODOBERTO	Appen Add	4.2 N	NAME		Distance April 100	
NAME	383 E. PASADENA AVE.		4.3.5	STREET	ADDRESS	1907 N.W. PINELAKE DR. STUART, Fl. 3499X	
CEDELL VUUDLEGE	I MISTE PASADEITA ATE					(- a-b - a - a - a - a - a - a - a - a -	
STREET ADDRESS				CITY - S	T- ZIP	STUARCI, PT. 9477	
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CITY-ST-ZIP TITLE NAME		☐ DELETE	4.4 (5.1 521 531 541 6.1	TITLE NAME STREET OITY-S THILE	ADDRESS	Change Add	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.4.0 5.1 5.21 5.3: 5.41 6.1	TITLE NAME STREET GITY-S THILF NAME	ADDRESS IT-Z-P		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			4.4.0 5.1 5.2! 5.3! 5.4! 6.1 6.2	TITLE NAME STREET GITY-S THILF NAME	ADDRESS		

14. I do hereby cortify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, Firthful 14. I do hereby cortify 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 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 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 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 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 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 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 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 certify that the information indicated in the same legal effect as if made under certify that the information indicated in the same legal effect as if made under certify that the information indicated in the same legal effect as if made under certify that the information indicated in the same legal effect as if made under certify that the information indicate

SIGNATURE: GODULER TU GONZAJEZ LOS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 C/L 983 8 297