

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

APPROVED  
AND  
FILED

96 MAY - 1 PM 4:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **494264** (5)

1. Corporation Name

**CUQUITO STORE CORPORATION**

Principal Place of Business

**1036 S.W. 1 ST.  
MIAMI FL 33130**

Mailing Address

**1036 S.W. 1 ST.  
MIAMI FL 33130**



2. Principal Place of Business

21 **2300 CORAL WAY**

Suite, Apt. #, etc.

2a. Mailing Address

26 **2300 CORAL WAY**

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

**01/29/1976**

3a. Date of Last Report

**04/28/1995**

4. FEI Number

**59-1682841**

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

City & State

23 **MIAMI FLORIDA,**

Zip

**33145**

Country

**US.**

City & State

28 **MIAMI FLORIDA,**

Zip

**33145**

Country

**US.**

9. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICES INC  
1036 S.W. 1 ST.  
MIAMI FL**

10. Name and Address of New Registered Agent

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**

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

**AMADA CANTERA LOPEZ, PRES**

Signature, typed or printed name of registered agent and title, if applicable

(If Title is Registered Agent Signature Required, check here)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>PRIETO, ROSAURA</b>	
STREET ADDRESS	<b>3030 N.W. 26TH ST.</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>LOZANO, BARBARA B.</b>	
STREET ADDRESS	<b>3032 N.W. 26TH ST.</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>LAZARO, MARTINEZ</b>	
STREET ADDRESS	<b>3032 NW 26TH STREET</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

**500001813375  
-05/08/96--01060--004  
\*\*\*\*200.00 \*\*\*\*200.00**

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)(k), 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:

*Rosauro Prieto*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/96**

DATE

CR2E034 (12/95)