

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY 30 AM 8:34

DOCUMENT # **F94000004448 (6)**

1. Corporation Name

**ALMACENES RODRIGUEZ, INC.**

Principal Place of Business

4534 SW 74 AVE.  
MIAMI FL 33155

Mailing Address

4534 SW 74 AVE.  
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/25/1994** 3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number  
**66-0178192**

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

9. Name and Address of Current Registered Agent

**RODRIGUEZ, MARI-LOURDES**  
4534 SW 74 AVE.  
MIAMI FL 33155

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 607.0502 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, typed or printed name of registered agent and the applicant

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b>
NAME	<b>NIGAGLIONI, EMILIO R</b>
STREET ADDRESS	<b>1302 PONCE DE LEON AVE.</b>
CITY - ST - ZIP	<b>SANTURCE PR 00908</b>
TITLE	<b>P</b>
NAME	<b>RODRIGUEZ, EMILIO J</b>
STREET ADDRESS	<b>1302 PONCE DE LEON AVE.</b>
CITY - ST - ZIP	<b>SANTURCE PR 00908</b>
TITLE	<b>V</b>
NAME	<b>RODRIGUEZ, MARI L</b>
STREET ADDRESS	<b>4534 SW 74 AVE.</b>
CITY - ST - ZIP	<b>MIAMI FL 33155</b>
TITLE	<b>S</b>
NAME	<b>RODRIGUEZ, TOMAS</b>
STREET ADDRESS	<b>1302 PONCE DE LEON AVE.</b>
CITY - ST - ZIP	<b>SANTURCE PR 00908</b>
TITLE	<b>T</b>
NAME	<b>RODRIGUEZ, JAVIER</b>
STREET ADDRESS	<b>1302 PONCE DE LEON AVE.</b>
CITY - ST - ZIP	<b>SANTURCE PR 00908</b>
TITLE	
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	

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 amendment with an address.

SIGNATURE:

*Mari Lourdes Rodriguez*

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

5/25/95 (305)267-8810