

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**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**

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **08/25/1994**  
3a. Date of Last Report: **05/30/1995**  
4. FEI Number: **66-0170192-59-2134043**  
5. Certificate of Status Desired:  Applied For,  Not Applicable  
6. Election Campaign Financing:  \$8.75 Additional Fee Required,  \$5.00 May Be Added to Fees  
7. 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  
85. Zip Code: **FL**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature of Registered Agent (Required when not in person) (Date of Registered Agent Signature Required when not in person)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>C</b>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>
NAME	<b>RODRIGUEZ, JAVIER</b>	
STREET ADDRESS	<b>1302 PONCE DE LEON AVE.</b>	
CITY-ST-ZIP	<b>SANTURCE PR 00908</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12. NAME			
13. STREET ADDRESS			
14. CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
21. TITLE			
22. NAME			
23. STREET ADDRESS			
24. CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
31. TITLE			
32. NAME			
33. STREET ADDRESS			
34. CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
41. TITLE			
42. NAME			
43. STREET ADDRESS			
44. CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
51. TITLE			
52. NAME			
53. STREET ADDRESS			
54. CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
61. TITLE			
62. NAME			
63. STREET ADDRESS			
64. CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 included 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 617, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Mari Lourdes Rodriguez* **(305) 267-8810**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)