

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G29717** (7)

1. Corporation Name

LA COPA SUPERMARKET, INC.

Principal Place of Business

**3940 EAST 4TH AVENUE
HIALEAH FL 33013**

Mailing Address

**3940 EAST 4TH AVENUE
HIALEAH FL 33013**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/08/1983		3a. Date of Last Report 04/07/1995	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-1804755		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**HERNANDEZ, JOSE
3940 EAST 4TH AVENUE
HIALEAH FL 33013**

10. Name and Address of New Registered Agent

81. Name **HERNANDEZ, MINERVINO**
82. Street Address (P.O. Box Number is Not Acceptable)
3940 East 4th Avenue
83. City
HIALEAH **FL** 85. Zip Code **33013**

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 **MINERVINO HERNANDEZ (PRESIDENT)** *Minervino Hernandez* **3-19-96**
Signature typed or printed name of registered agent and title if any (400) (NOTE: Registered Agent Signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, JOSE	1.2 NAME	HERNANDEZ, MINERVINO
STREET ADDRESS	3940 E. 4TH AVENUE	1.3 STREET ADDRESS	3940 East 4th Avenue
CITY-STATE-ZIP	HIALEAH FL	1.4 CITY-STATE-ZIP	HIALEAH, FL. 33013
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, MINERVINO	2.2 NAME	HERNANDEZ, ALICIA
STREET ADDRESS	3940 E. 4TH AVENUE	2.3 STREET ADDRESS	3940 East 4th Avenue
CITY-STATE-ZIP	HIALEAH FL	2.4 CITY-STATE-ZIP	HIALEAH FL. 33013
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	HERNANDEZ, MINERVINO
STREET ADDRESS		3.3 STREET ADDRESS	3940 East 4th Avenue
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	HIALEAH FL. 33013
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	600001765436
STREET ADDRESS		5.3 STREET ADDRESS	-04/02/96--01004--025
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	***200.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 attachment with an address.

SIGNATURE: **MINERVINO HERNANDEZ (PRESIDENT)** *Minervino Hernandez* **3-19-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)