

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 09 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # L18912 (0)

1. Corporation Name  
NUESTRA FAMILIA MARKET CORPORATION

Principal Place of Business

% JOSE ESPINAL  
1505 W. OKEECHOBEE RD  
HIALEAH FL 33010

Mailing Address

% JOSE ESPINAL  
1505 W. OKEECHOBEE RD  
HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1989

4. FEI Number

65-0146454

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

ESPINAL, JOSE  
1505 W. OKEECHOBEE RD  
HIALEAH FL 33010

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD  
NAME ESPINAL, JOSE  
STREET ADDRESS 1505 W. OKEECHOBEE RD  
CITY-ST-ZIP HIALEAH FL

TITLE PD  
NAME HIPOLITO ESPINAL  
STREET ADDRESS 8520 SW 133 AVENUE  
CITY-ST-ZIP MIAMI FL

TITLE VP  
NAME ESPINAL, CARMEN  
STREET ADDRESS 8520 SW 133 AVE  
CITY-ST-ZIP MIAMI FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

600002635526  
-09/09/98--01059--042  
\*\*\*150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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:

CR2E034 (5/98)

**August 25 , 1998**

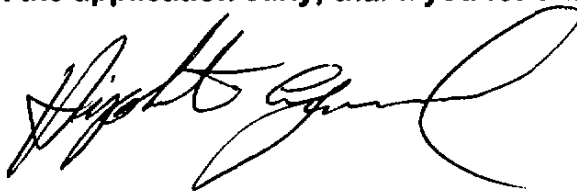
**DIVISION OF CORPORATIONS  
ANNUAL REPORTS FILINGS  
P. O. BOX 1500  
TALLAHASSEE, FL 32302-1500**

**RE: HIPOLITO ESPINAL  
NUESTRA FAMILIA MARKET CORP.  
1505 W OKEECHOBEE RD  
HIALEAH, FL 33010**

**TO WHOM IT MAY CONCERN:**

**This is to certify that the reason for this bill is getting paid so late is because I didn't get the application on time, I all ready call and explained the situation to one of the officer in your department and agree to pay the original amount of \$ 150.00 and also agree to call on time next year in case I don't get the application early; thank you for time.**

**Sincerely,**



**HIPOLITO ESPINAL  
CORP OFFICER**

*Doc. # L18912  
F.E.F. # 65-0146454*