

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L28774** (2)
1. Corporation Name
LATIN DELI, INC.



Principal Place of Business

2899 COLLINS AVE
APT #PHA
MIAMI BEACH FL 33140
US

Mailing Address

2899 COLLINS AVE. PHA
APT #PHA
MIAMI BEACH FL 33140
US

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

AGRA, LEONEL
2899 COLLINS AVE PH A
MIAMI BEACH FL 33140

3. Date Incorporated or Qualified

11/06/1989

3a. Date of Last Report

03/27/1995

4. FEI Number

65-0209449

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

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 Section 607.0502 and 607.1506, 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 I accept the obligations of Section 607.0503, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to execute this statement

Signature of the person who is authorized to execute this statement

DATE

12. OFFICERS AND DIRECTORS

1. NAME

2. STREET ADDRESS

3. CITY, STATE, ZIP

4. TITLE

5. NAME

6. STREET ADDRESS

7. CITY, STATE, ZIP

8. TITLE

9. NAME

10. STREET ADDRESS

11. CITY, STATE, ZIP

12. TITLE

13. NAME

14. STREET ADDRESS

15. CITY, STATE, ZIP

16. TITLE

17. NAME

18. STREET ADDRESS

19. CITY, STATE, ZIP

20. TITLE

21. NAME

22. STREET ADDRESS

23. CITY, STATE, ZIP

24. TITLE

25. NAME

26. STREET ADDRESS

27. CITY, STATE, ZIP

28. TITLE

29. NAME

30. STREET ADDRESS

31. CITY, STATE, ZIP

32. TITLE

33. NAME

34. STREET ADDRESS

35. CITY, STATE, ZIP

36. TITLE

PD
AGRA, LEONEL
2899 COLLINS AVE, PH-A
MIAMI BEACH FL
DST
AGRA, CONNIE
2899 COLLINS AVE, PH-A
MIAMI BEACH FL

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, STATE, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, STATE, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, STATE, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, STATE, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, STATE, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, STATE, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, STATE, ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, STATE, ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY, STATE, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE: *Leonel Agre* LEONEL AGRA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96 305 674 8409
DATE OF FILING AND FILING NUMBER

CR2E034 (12/95)