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FILED
May 26 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 # L28774

1. Corporation Name
Latin Deli, Inc.

Principal Place of Business	Mailing Address
1900 Sunset Harbour Dr. APT: 1608 miami Beach, Fl 33139 U.S.	2899 Collins Ave PH-A miami Beach, Fl 33140 U.S.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11-6-89

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0209449	☐ Applied For ☐ Not Applicable
21	26 1900 Sunset Harbour Dr.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
22	27 APT: 1608		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
23	28 miami Beach, Fl		
Zip / Country	Zip / Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No	
24 / 25	29 33139 / 30 U.S.		

9. Name and Address of Current Registered Agent

Richard I. Kroop
420 Lincoln Road
Suite 612
miami Beach, Fl 33139

10. Name and Address of New Registered Agent

81 Name: Ruben Oliva, Esq
82 Street Address (P.O. Box Number is Not Acceptable): 2550 SW 3rd Ave
83: 3rd Floor
84 City: miami FL 85 Zip Code: 33129

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: X _____ (NOTE: Registered Agent signature required when reinstating) DATE: 5-7-98

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE	PD	☑ Change ☐ Addition
NAME	Agra, Leonel		12 NAME	Agra, Leonel	
STREET ADDRESS	2899 Collins Ave PH-A		13 STREET ADDRESS	1900 Sunset Harbour Dr. APT: 1608	
CITY-ST-ZIP	miami Beach, Fl		14 CITY-ST-ZIP	miami Beach, Fl 33139	
TITLE	DST	☐ DELETE	21 TITLE	DST	☑ Change ☐ Addition
NAME	Agra, Connie		22 NAME	Agra, Connie	
STREET ADDRESS	2899 Collins Ave PH-A		23 STREET ADDRESS	1900 Sunset Harbour Dr APT: 1608	
CITY-ST-ZIP	miami Beach, Fl		24 CITY-ST-ZIP	miami Beach, Fl 33139	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME	600002536046	
STREET ADDRESS			53 STREET ADDRESS	-05/27/98--01012--046	
CITY-ST-ZIP			54 CITY-ST-ZIP	***150.00	
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

PE 5.26

CR2E034 (10/97)

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 added above or on an attachment with an address.

SIGNATURE: Leonel Agra LEONEL AGRA 3/15/98 305-6748409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #