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Feb 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # M27989 (6)

1. Corporation Name  
SPANISH AMERICAN GROCERIES, INC.



Principal Place of Business  
C/O ABAD CABRERA  
203 E. MAIN STREET  
IMMOKALEE FL 33934

Mailing Address  
C/O ABAD CABRERA  
203 E. MAIN STREET  
IMMOKALEE FL 34142-3726

3. Date Incorporated or Qualified  
02/27/1986

3a. Date of Last Report  
05/01/1996

4. FEI Number  
59-2655911

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

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

CABRERA, ARACELIS  
203 E. MAIN STREET  
IMMOKALEE FL 33934

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--------------------|---|--|
| TITLE                      | PVTS               | 1.1 TITLE   |  |
| NAME                       | CABRERA, ARACELIS  | 1.2 NAME  |  |
| STREET ADDRESS             | 20101 SKOKIC DRIVE | 1.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | MIAMI FL           | 1.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                    | 2.1 TITLE   |  |
| NAME                       |                    | 2.2 NAME  |  |
| STREET ADDRESS             |                    | 2.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                    | 2.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                    | 3.1 TITLE   |  |
| NAME                       |                    | 3.2 NAME  |  |
| STREET ADDRESS             |                    | 3.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                    | 3.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                    | 4.1 TITLE   |  |
| NAME                       |                    | 4.2 NAME  |  |
| STREET ADDRESS             |                    | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                    | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                    | 5.1 TITLE   |  |
| NAME                       |                    | 5.2 NAME  |  |
| STREET ADDRESS             |                    | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                    | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                    | 6.1 TITLE   |  |
| NAME                       |                    | 6.2 NAME  |  |
| STREET ADDRESS             |                    | 6.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                    | 6.4 CITY - ST - ZIP                                   |  |

14. I do 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: Aracelis Cabrera CABRERA, PRES. 1/23/97 941-657-3086

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0418432

CR2E034 (9/96)