FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M58110

Mailing Address

(1)

HIALEAH WHOLESALE INC.

Principal Place of Business

Mar 24 1997 8:00am									
Secretary of State									

EII ED

344 W. 85TH STREET 344 W. 85TH S HIALEAH FL 33012 HIALEAH FL 33										
								ale of Last Report 12/1996		
·	lace of Business	2a. Mailing Address				4. FEI Number 65-0388209	-4 · · · · · · · · · · · · · · · · · · ·		Applied For	
Suite, Apt	# ale	26				007000208			Not Applicable	
22	P , V.(V)	27	.mc, rspt. #, 616.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State 23		City & State 28				Election Campaign Financing Trust Fund Contribution	D8		O May Be d to Fees	
7φ 24	Country 25	Zip 29	Count 30	iry			Yes [] No	s. 199.032,	
UEDI	Name and Address of Curre NANDEZ, DANIEL	ent Registered Agent		1	Name	10. Name and Address of New Reg	pistered A	lgent	····	
	W. 65TH STREET		٥		Name					
	EAH PL 33012		8	2	Street Addr	ess (P.O. Box Number is Not Acceptab	e)			
			8	3						
•	•		8	4	City			DE 711	Code	
<u></u>				1.		poration submits this statement for the pi	FL	1 '		
SIGNATURE	Stevators - type die pantier name of negistered n	gent and title if applicable (Ni	OTL: Registered A			ed when reinstating)	DATE			
. 12. Time	DPS OFFICERS AL	ND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO Change		
NAME	HERNANDEZ, DANIEL		1.2 NAM					Unango	LI MOUIIION	
STREET ADDRESS	344 W. 65TH ST				ADDRESS					
CITY-S1-2aF	HIALEAH FL		1.4 CITY	-ST-	-ZIP					
THE	HERNANDEZ, DANIEL	☐ DELETE	2 1 TITLE	- :				Change	Addition	
NAME STREET ADDRESS	344 W. 65TH ST		2 2 NAMI	_						
CATY ST ZII	HIALEAH FL		2 3 STRE 2 4 CITY							
THUE		DELETE	31 TITLE		-211			☐ Change	Addition	
NAME			3.2 NAME	ε				·· •		
SEET ALCORESS			3 3 STRE	ET A	ADDRESS					
Crity St. ZIE		Drutte	3.4 CITY		- ZIP					
THILE NAME		[_] DELETE	4.1 TITLE 4.2 NAM					Change	☐ Addition	
STREET ADDRESS			4.2 NAM 4.3 STRE	-	IDOBECC					
City St ZIP			4.4 CITY							
TI'LE		DELETE	5.1 TITLE					Change	Addition	
NAME			5 2 NAME	E						
STREET ADDRESS			5 3 STRE	ET A	DDRESS					
CIY-ST 70P		I britis	5.4 CITY		- ZIP				·····	
THUE		☐ DELETE	B.1 TITLE	٠.		50000212 -03/24/970113 ***165.00	211	S hange	Addition	
NAME STREET ADORESS			6.2 NAME	1.	DDD:00	-03/24/970113	204	5		
City St-Ziii			6.3 STREE			***165.00				

14. Ido 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 oal tarm 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 or on an attachment with an address.

SIGNATURE: