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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000011353 (9)

1. Corporation Name

SIU'S MARKET, INC.



Principal Place of Business

8735-8737 SW 72ND STREET
MIAMI FL 33173

Mailing Address

8735-8737 SW 72ND STREET
MIAMI FL 33173

3. Date Incorporated or Qualified
12/11/1992

3a. Date of Last Report
07/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIVERON, LUIS S
8735-8737 SW 72ND STREET
MIAMI FL 33173

81 Name RIVERON LUIS S

82 Street Address (P.O. Box Number is Not Acceptable)
10069 SW 72 STREET.

83

84 City MIAMI

FL 85 Zip Code 33173

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 of Registered Agent or Director

Signature of Registered Agent or Director

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
RIVERON, LUIS S
8735-8737 SW 72ND STREET
MIAMI FL 33173

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
PSTD
RIVERON LUIS S
10069 SW 72 ST.
MIAMI FL 33173

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2. TITLE
2. NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3. TITLE
3. NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4. TITLE
4. NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
700001789847
-04/23/96--01013--007
***200.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5. TITLE
5. NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6. TITLE
6. NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 13 if changed, or on an attachment with an address.

SIGNATURE: Luis S. RIVERON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96 (305) 275-0788

Date

Typed Phone #

CR2E034 (12/95)

96-EE-4