

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000061654

1. Corporation Name

ANTIGUA PINE TREE MARKET INC.

Principal Place of Business

Mailing Address

1036 S.W. 1 ST.
MIAMI FL 33130
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FBI Number	Applied For
21 1036 S.W. 1 ST.	26 Suite, Apt. #, etc.	65-0543465	Not Applicable
22 Suite, Apt. #, etc.	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 MIAMI FLORIDA.	28 City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 33130	25 US.	29 Zip	30 Country
29	30	8. This corporation has liability for intangible tax under S 199.032, Florida Statutes	☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA ANNUAL REPORT SERVICE/CANTERA &
ASSOCIATES INC.
1036 S.W. 1 ST.
MIAMI FL 33130

81 Name
FLORIDA ANNUAL REPORT SERVICES INC.
82 Street Address (P.O. Box Number is Not Acceptable)
1036 S.W. 1 ST.
83
84 City
MIAMI FL 85 Zip Code
33130

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, typed or printed name of registered agent and fee - 1 applicable.

AMADA CANTERA LOPEZ, PREZ

(NOTE: Registered Agent signature required when reappointing)

DATE

4/25/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D/T/S. ANTIGUA ADA	1.1 TITLE	☐ Change ☐ Addition
NAME	329 47th. STREET	1.2 NAME	
STREET ADDRESS	MIAMI BEACH FLORIDA. 33149	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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****200.00 ****200.00

BP 4/26

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 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: *Antigua*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95