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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000066773 (1) DOCUMENT #

EL PICOTEO GROCERY, INC.

## **FILED** Apr 17 1998 8:00am Secretary of State



Principal Place	a of Duninger	Mailing Address				TEM MISTE EMMINESMAN ATOM TAME
		•				
28053 SW 152ND AVE Miami FL 33033		29353 SW 152ND AVE MIAMI FL 33033			DO NOT WRITE IN THIS	SPACE
		√. <sup>e</sup>			3. Date Incorporated or Qualified 09/24/1993	0,7102
2. Principal P	lace of Business	2a. Mailing Address 26			4. FEI Number 65-0437655	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	Θ	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	<b>├</b> ─┐	untry	This corporation owes or has paid the cu Personal Property Tax due June 30.	rrent year Intangible
24	25	29 Pagistered Agent	30	1	10. Name and Address of New Registered	<u> </u>
	9. Name and Address of Current	r negistered Agent		81 Name	10. Hante and Address of their registered	Agoin
	STRADA, HECTOR J			Name		
	353 SW 152ND AVE AMI FL 33033			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	- 11
				83		
				84 City	FL	85 Zip Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was	authorize	ed by the corpo	orporation submits this statement for the purpose or tration's board of directors. I hereby accept the app	of changing its registered pointment as registered
SIGNATURE	Signature, typod or pointed name of registered aget	it and the if applicable (NO	It Registere	ed Agent signature re	quited when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	DP	DELETE	1.1.1	ITLE		Change Addition
NAME	ESTRADA, HECTOR J			IAME		
	11730 SW 187TH ST			TREET ADDRESS		
STREET ADDRESS	MIAMI FL 33177	•				
CITY-ST-ZIP	DV	DELETE	2.1 T	ITY-ST-ZIP		Change Addition
TITLE	ESTRADA, ZOILA N	La beccie				_ shange should
NAME	11730 SW 187TH ST			IAME		
STREET ADDRESS	MIAMI FL 33177			TREET ADDRESS		
CITY-ST-ZIP	DT DT	DELETE		CITY-ST-ZIP		Change Addition
FITLE	ESTRADA, HECTOR C	C) officit	3.1 7			[ ] Outside [ ] Magnitus
NAME	11730 SW 187TH ST			IAME		
STREET ADDRESS	MIAMI FL 33177			TREE1 ADDRESS		
CITY-ST-ZIP	DS	DELETE		CITY - ST - ZIP		Change Addition
TITLE	ESTRADA, ESTHER N	ן אנונונ	4.11			
NAME	11730 SW 187TH ST			NAME		
STREET ADDRESS	MIAMI FL 33177			TREET ADDRESS		
CITY-ST-ZIP	MICHAEL COSTA	DELETE		HTY-ST-ZIP		Change Addition
TITLE		L., DELETE	5.1			C Committee C Voquitori
NAME				IAME		
STREET ADDRESS			1	STREET ADDRESS		
CITY-ST-ZIP		——————————————————————————————————————		CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	611			☐ Change ☐ Addition
NAME		(,)	621	IAME		
STREET ADDRESS		/ <i>//</i> X	635	STREET ADDRESS		
CITY-ST-ZIP	<u></u>	1112	640	CITY-ST-ZIP		

14. Thereby certify that the information sup-indicated on this annual report or supplied officer or director of the corporation of the Block 12 or Block 13 if changes of or the lify with thing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information of a private proof is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an inspective or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

1205/048-1280