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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P94000067351 (4)

EL ARBOLITO MINI-MARKET & CAFETERIA INC. Mailing Address Principal Place of Business 1199 W 37 STREET 1199 W 37 STREET HIACEAH, FL. 33012 HTALEAH, FC. 33012 3a. Date of Last Report 3. Date Incorporated or Qualified 09/14/94 Applied For 2. Principal Place of Business 2a. Mailing Address 65-0304179 Not Applicable 21 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. Certificate of Status Desired Fee Required 27 6. Election Campaign Financing City & State City & State \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 This corporation has liability for intangible tax under s 199.032, Country Zip 🔀 Yes 🔲 No 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ESTRADA LYGIA Street Address (P.O. Box Number is Not Acceptable) 82 1199 W 37 STREET 83 HARRAM, FC. 33012 85 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Stallites, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pointed had electrogete education and the inapplicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Add-tion DELETE 1.11003 TITLE ESTRADA LYGIA 1199 W 37 STREET CR2E034 NAME 13 STREET ADDRESS STREET ADDRESS HALRAH, FL. 33012 14 CITY ST-7 P CiTY - ST - ZIP Change Addition DELETE 2 1 Thlue TITLE FLORES, NELSON NAME 7274 WEST 34 AVENUE 2.3 STREET ADDRESS STREET ADDRESS HIALRAH, FL. 33016 24 CHY-SE ZIE CHTY - ST - ZIP Cnange ■ Addition ☐ DELETE 3 1 1016 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST-7IP CITY - ST - ZIP 3000017779물뿔® -04/12/96--01016--014 DELFTE 4 1 1019.6 TITLE 4.2 NAME ***200.00 4.3 STREET ADORESS STREET ADDRESS 4.4 CHY-SI-ZIP CITY-ST-ZIP Addition Change DELETE 5 11.ILE TITLE 5.2 NAME NAME 5.3 STREET ACORESS STREET ADDRESS 5.4 CHY - ST-ZIP CITY-ST-ZIF

6.4 C:TY-S1-ZIP CITY - ST-ZIP This five is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further report list, supplemental phase report is true and accurate and that my signature shall have the same legal effect as if made under the receiver or trasted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name 14. I do hereby certify that the information supplied verify that the information indicated on this annul oath; that I am an officer or director of the corporation. appears in Block 12 or Block 13 if changed, or iment with an address MELSON FLUBER

PRESIDENT

6 1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE

TITLE

NAME

STREET ADDRESS

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ DELETE

3 Jups (305) 826.8919 G-4-11-96

Change

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(12/95)