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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

P94000088500 (1)

| DOCUMENT #  1. Corporation Name | P94000088   |
|---------------------------------|-------------|
| LAVE HNOCOLUL                   | ODOCEDY INO |

| LAKE                                     | UNDERHILL GROCERY, II   | NC.   | <del></del>        |            |                        |  |  |                         |                                       |
|--|---|---|--------------------|------------|------------------------|--|--|-------------------------|---------------------------------------|
| Principal Place                          | of Business   | Mailing Address                               |                    |            |                        |  | II <b>TO</b> RIY <b>TO</b> RU 1 <b>011</b> | :                       | Aesil <b>40</b> ili <b>40il 101</b> 1 |
| 4940 LAKE UNDERHILL<br>ORLANDO Ft. 32807 |   | 4940 LAKE UNDERHII<br>ORLANDO FL 32807        | u                  |            |                        |  |  |                         |                                       |
|  |   |   |                    |            |                        | 3. Date Incorporated or Qualified 12/05/1994                             | 3a. Date o                                 | Last<br>  <b>23</b>   1 | •                                     |
|  | ace of Business   | 2a. Mailing Address                           |                    |            |                        | 4. FEI Number  |  | T                       | Applied For                           |
| <b>21</b><br>Suite, Apl. (               | t etc   | Suite, Apt. #, etc.                           |                    |            |                        | 59-3280223   |  | <b>*0</b> 7             | Not Applicable  5 Additional          |
| 22                                       |   | 27  |                    |            |                        | 5. Certificate of Status Desired   |  | Fee                     | e Required                            |
| City & State                             | )   | City & State                                  |                    |            |                        | Election Campaign Financing     Trust Fund Contribution                  |  |                         | 00 May Be<br>led to Fees              |
| Zişi<br>24                               | Country 25  | Zip<br>29                                     | Countr<br>30       | ry         |                        | This corporation has liability for Florida Statutes      Yes             | intangible tax                             | under                   | s 199.032,                            |
| 7 11                                     | 9. Name and Address of Curre  | k   | 1991               |            |                        | 10. Name and Address of New F  |  | ent                     |                                       |
|  |   |   | 8                  | 1          | Name                   |  |  |                         |                                       |
|  | , VICTOR  |   | 82                 | 2          | Street Addres          | ss (P.O. Box Number is Not Acceptat                                      | le)  |                         |                                       |
|  | .W. 173RD STREET<br>. FL 34473  |   | 83                 | 3          |                        |  |  |                         | <del></del>                           |
|  |   |   | 84                 | 4          | City                   |  |  | 85                      | Zip Code                              |
|  |   | ·····   |                    | -          |                        | ion submits this statement for the pu                                    | FL   |                         | ·                                     |
| SIGNATURE                                | th, and accept the obligations of, So<br>Strains, typed or probations of regeleres as<br>OFFICERS A | of and tile if applicable (NC<br>ND DIRECTORS |                    | ent<br>ent | t signature required v | nten reinstating) ADDITIONS/CHANGES TO OFF                               | DATE<br>ICERS AND D                        | IRECT                   | FORS IN 12                            |
| THEF                                     | D   | □ DELETE                                      | 1. 1 TITLE         | F          |                        | -  |  | Change                  | e 🔲 Addition                          |
| NAME                                     | PLASENCIA, EMILIO   |   | 1.2 NAME           |            |                        |  |  |                         |                                       |
| STREET ADDRESS                           | 548 W. 164TH STREET<br>NEW YORK NY 10032  |   |                    |            | ADDRESS                |  |  |                         |                                       |
| TOLE                                     | D   | DELETE  | 2.1 TITLE          |            | 1 - ZIP                |  |  | Change                  | e [ ] Addition                        |
| NAME                                     | VALERIO, PAULA  |   | 2 2 NAME           |            |                        |  |  |                         |                                       |
| STREET ADDRESS                           | 548 W. 164TH STREET   |   | 2 3 STREE          | ٤T         | ADDRESS                |  |  |                         |                                       |
| CD3+51+709                               | NEW YORK NY 10032   |   | 2 4 CHTY-          | - ST       | T-ZIP                  |  |  |                         |                                       |
| TITLE                                    |   | ☐ DELETE                                      | 3 1 71718          |            |                        |  |  | Change                  | e 🔲 Addition                          |
| NAME                                     |   |   | 3 2 NAME           |            |                        |  |  |                         |                                       |
| STREET ADDRESS<br>CITY+ST-ZIF            |   |   | 33 SIRE<br>34 CITY |            | ADDRESS                |  |  |                         |                                       |
| Till.E                                   |   | DELE 1E                                       | 4. 1 TiTLE         |            | 1-111                  |  |  | Change                  | e [ ] Addition                        |
| NAME                                     |   |   | 4.2 NAME           | Ε          | }                      |  |  |                         | <del></del>                           |
| STREET ADDRESS                           | ,   |   | 4.3 STRE           | ET.        | ADDRESS                |  |  |                         |                                       |
| CITY-ST ZIP                              |   |   | 4.4 C(TY-          | - S ]      | T - ZIF                |  |  |                         |                                       |
| TITLE                                    |   | ☐ DELETE                                      | 5 1 TITLE          |            |                        |  |  | Change                  | e 🔲 Addition                          |
| NAMI<br>Ostak i ataut tez                |   |   | 5.2 NAME           |            | 1003500                |  |  |                         |                                       |
| STREET ADDRESS                           |   |   |                    |            | ADDRESS                |  |  |                         |                                       |
| CHY-ST ZIF<br>TITLE                      |   | DELETE  | 6 1 THUE           |            | 1 - (11"               |  |  | Change                  | e Addition                            |
| NAME                                     | •   | <u> </u>                                      | 62 NAME            |            |                        |  |  | 8'                      |                                       |
| STREET ADDRESS                           |   |   |                    |            | ADDRESS                |  |  |                         |                                       |
| Q(1Y+S1+Z)P                              |   |   | 64 CHTY-           | - S1       | T-ZIP                  |  |  |                         |                                       |
| 14. I do hereli                          | y certify that the information supplied   | d with this filing is voluntarily furn        | nished and do      | oos        | s not quality for      | the exemption stated in Section 119 and that my signature shall have the | .07(3)(k), Florid                          | la Stat                 | tutes. I further                      |
| oath, that                               | Lam an officer or director of the corp<br>i Block 12 or Block 13 if changed, o                      | poration or the receiver or truste            | ec empowered       | j t        | to execute this        | report as required by Chapter 607, F                                     | orida Statutes                             | ; and I                 | that my name                          |

OF SIGNING OFFICER OR DIRECTOR

Daytinie Prione #