

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000005968 (9)

1. Corporation Name

WHOLESALE EMPORIUM OF FLORIDA, INC.



Principal Place of Business

11463 N.W. 88 AVE.
HIALEAH GARDENS FL 33016

Mailing Address

11463 N.W. 88 AVE.
HIALEAH GARDENS FL 33016

2. Principal Place of Business

21 2100 West 76 Street

Suite, Apt. #, etc.

22 Suite 208

City & State

23 Hialeah, FL

Zip

24 33016

Country

25 USA

2a. Mailing Address

26 18524 N.W. 67th Avenue

Suite, Apt. #, etc.

27 Suite 287

City & State

28 Miami, FL

Zip

29 33015

Country

30 USA

3. Date Incorporated or Qualified

01/23/1995

3a. Date of Last Report

4. FEI Number

65-0549615

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ORTIZ, ESTHER
11463 N.W. 88 AVE.
HIALEAH GARDENS FL 33016

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

9141 N.W. 152nd Street

83

84 City

Miami

FL

85 Zip Code

33016

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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent Signature Required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ORTIZ, ESTHER
STREET ADDRESS 11463 N.W. 88 AVE.
CITY - ST - ZIP HIALEAH GARDENS FL 33016

TITLE D ☐ DELETE

NAME ORTIZ, JOSE
STREET ADDRESS 11463 N.W. 88 AVE.
CITY - ST - ZIP HIALEAH GARDENS FL 33016

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

9141 N.W. 152nd Street
Miami, FL 33016

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

9141 N.W. 152nd Street
Miami, FL 33016

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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:

Esther I. Ortiz / Esther I. Ortiz, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96
Date

(305) 819-9359
Daytime Phone #

CR2E034 (12/95)