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PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000013414 (4)

JAZMIN DISCOUNT MINIMARKET & CAFETERIA, INC.

Principal Place of Business Mailing Address 1118 PALM AVENUE 1116 PALM AVENUE HIALEAH FL 33012 HIALEAH FL 33010-3919 3. Date Incorporated or Qualified 3a. Date of Last Report 02/16/1995 05/01/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0565361 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199 032, 25 Yes No 24 29 30 Florida Statutes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MARTE, FRANCISCO 81 Name 1116 PALM AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **HIALEAH FL 33012** 83 84 City Zip Code 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, am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 11114 Change ____ Addition MARTE, FRANCISCO NAME ₽ NAME PRODUCTION TO 795 W 74 PLAC STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 C(1Y - S1 - 2IP Change Addition TITLE MEDINA, MILAGRÓS NAME 795 W 74PUC STREET ADDRESS 2.3 STREET ADDRESS MFL KID CITY-ST-ZIP 2 4 CITY - S1 - ZIP TITLE 31 TILLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.9 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE TOLE 4.1 THE Change Addition NAME 4-2 NAM5 STREET ADDRESS 4.3 \$TREET ADDRESS CITY-ST-ZIP 4.4 Crty - St - ZIP DELETE Change Addition TITLE 5.1 TH (E 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 7/P ... DELETE Change Addition 6 1 101 E TITLE G.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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 13 hehanged, or on an attachment with an address.