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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000025303 (5)

1. Corporation Name

THE OLDE GROVE MARKET, INC.



Principal Place of Business

Mailing Address

1625 SOUTHWEST 88TH AVENUE
MIAMI FL 33165

1625 SOUTHWEST 88TH AVENUE
MIAMI FL 33165

2. Principal Place of Business

2a. Mailing Address

21 2806 BIRD AVE

25 2806 BIRD AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 MIAMI, FLORIDA

28 MIAMI, FLORIDA

24 Zip

Country

Zip

Country

25 33133

26 DADE

29 33133

30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALEIRAS, LUIS
1625 SW 88TH AVE.
MIAMI FL 33165

81 Name

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

83

84 City

FL

85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE LUIS M. VALEIRAS

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required with reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME HAUSLER, MAURA
STREET ADDRESS 1625 SOUTHWEST 88TH AVENUE
CITY-ST-ZIP MIAMI FL 33165

1.1 TITLE

Vice President

☐ Change ☒ Addition

TITLE D ☐ DELETE

NAME ANEZ, RODOLFO
STREET ADDRESS 1625 SOUTHWEST 88TH AVENUE
CITY-ST-ZIP MIAMI FL 33165

2.1 TITLE

Secretary/Treasurer

☐ Change ☒ Addition

TITLE D ☐ DELETE

NAME VALEIRAS, LUIS M
STREET ADDRESS 1625 SOUTHWEST 88TH AVENUE
CITY-ST-ZIP MIAMI FL 33165

3.1 TITLE

President

☐ Change ☒ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

☐ 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

Date

(305) 316-1809

Daytime Phone #

CR2E034 (12/95)