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

APPROVED AND FILED
1996 OCT 31 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000077267 (9)**

1. Corporation Name
LA INTERNATIONAL SUPERMARKET, INC.

Principal Place of Business	Mailing Address
8294 NW ROYAL PALM PLAZA HIALEAH GARDENS FL 33016	8294 NW ROYAL PALM PLAZA HIALEAH GARDENS FL 33016

3. Date Incorporated or Qualified: 10/02/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 8294 N.W. 103th Street	26 3400 CORAL WAY
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 600
City & State 23 HIALEAH GARDEN, FLORIDA	City & State 28 MIAMI, FLORIDA
Zip / Country 24 33016 / 25 U.S.A.	Zip / Country 29 33012 / 30 U.S.A.

4. FEI Number: 65-0612761 ☐ 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	10. Name and Address of New Registered Agent
PORTE, ONESIMO MEJIA 8294 NW ROYAL PALM PLAZA HIALEAH GARDENS FL 33016	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 8294 N.W. 103th Street 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD MEJIA, ONESIMO 8304 N.W. 7 STREET, APT. 20 MIAMI FL 33126	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 600001998586--4 -11/07/96--01020--003 *****375.00 *****375.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MEJIA, PILAR 8304 N.W. 7 STREET, APT. 20 MIAMI FL 33126	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD RUIZ, FRANCISCO RUIZ 4441 BROADWAY 1C NEW YORK NY 10040	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3. STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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: _____ ONESIMO MEJIA, President 10-9-96 (305)446-2055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #