Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90122 022 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000096605

1. Corporation Name

LATUZ DEL SOL MARKET, INC.

Principal Place of Business Mailing Address						I INDICED (19 1619) BILL) BEEST ONLY CONTRACTOR SPECE STATE OF THE STA
2349 NORTHWE	ST 7 STREET	2349 NW 7 ST	349 NW 7 ST			
MIAMI FL 33125		MIAMI FL 33125				DO NOT WRITE IN THIS SPACE
		U\$				3. Date Incorporated or Qualifed
	•					01/01/1996
2. Principal Pl	2a. Mailing Address	na Address		 -	4. FEI Number . Applied For	
21	ages of Education	26				65-0627713 Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.				, CO 7E a stitumo
22	• • •	27				5. Certificate of Status Desired Fee Required
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be
23	<u>··</u>	28			Trust Fund Contribution Added to Fees	
Zip Country		Zip Country			8. This corporation owes the current year Intangible	
24	25		30			Personal Property Tax. Yes No
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New Registered Agent
CANI	DINA, FELIX			01	Name	
	NW 7 ST			82	Street Ad	dress (P.O. Box Number is Not Acceptable)
	AI FL 33125		}	83		•
IVII	III i E 20152	•		83		
			İ	84	City	FL 85 Zip Code
	1	0 1 007 4500 Florida Otalia				
office or re	egistered agent, or both, in the State (of Florida. Such change was at	ıthorized	DV 1	the corpora	proration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Flor	rida Statu	ites.		1 11-16 1996
SIGNATURE	Tefun	Co FERIX	S#/	~ Z)	1 /U/A	uired when reinstating) April 76, 1999 DATE
12.	Signature, typed or printed name of registered agen	D DIRECTORS	13,	Ayem	i signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VP ·	DELETE	1.1 111	LE.	-	Change Addition
NAME	SARDINA, RAUL C		1.2 NA	ME		
STREET ADDRESS	2349 NORTHWEST 7 STREET		1.3 STI	REET	ADDRESS	•
CITY-ST-ZIP	MIAMI FL 33125		1.4 CIT			
TITLE	P	☐ DELETE	2.1 TIT			Change ☐ Addition
NAME	, Sardina, felix r		22 NA	ME		
STREET ADDRESS	2349 NORTHWEST 7 STREET	,	2.3 ST	REET	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33125		2. 4 Cf	TY-S1	T-ZIP	The state of the s
TITLE		☐ DELETE	3.1 TIT			☐ Change ☐ Addition
NAME			3.2 NA	MĒ		·
STREET ADDRESS			3.3 ST	REET	ADDRESS	
CITY-ST-ZIP	•		3.4. CI	TY-ST	T-ZIP	·
TITLE		☐ DELETE	4.1 TIT	LE		☐ Change ☐ Addition
NAME			4. 2 NA	ME		
STREET ADDRESS			4,3 ST	REET	ADDRESS	
CITY-ST-ZIP	<u> </u>		4.4 CIT	Y-ST	ZIP	
TITLE		☐ DELETE	5.1 TIT			☐ Change ☐ Addition
NAME:			5.2 NA	ME		· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS			5.3 ST	REET	ADDRESS	· · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP			5.4 CIT		r-ZIP	
TITLE		☐ DELETE	6.1 TIT			☐ Change ☐ Addition
NAME	•		6.2 NA		-	
STREET ADDRESS	,		6.3 ST	REET	ADDRESS	

14. I hereby certify that the information supplied with this filing 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 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 open attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP