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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P96000047184 (2)

1. Corporation Name
LAS AMERICAS GROCERY DISCOUNT CORP.

Principal Place of Business
705 W. FLAGLER St.
MIAMI, FL. 33130

Mailing Address
705 W. FLAGLER St.
MIAMI, FL. 33130-1219

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
06/04/1996

4. FEI Number
65-0669424
☐ 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 owes or has paid the current year intangible Personal Property Tax due June 30 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
PEDRAJA, CARLOS A.
11821 S.W. 103 LN.
MIAMI, FL. 33084

10. Name and Address of New Registered Agent
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 Section 607.0505 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. Said change was authorized by the corporations 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P.D. ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	SIMON, TERESA	12 NAME	
STREET ADDRESS	444 S.W. 27 AVE. APT. 57	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33135	14 CITY ST ZIP	
TITLE	S.D. ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, EDUARDO	22 NAME	
STREET ADDRESS	5440 W. 21 CT. # 305	23 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL. 33016	24 CITY ST ZIP	
TITLE	T.D. ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	PEDRAJA, CARLOS	32 NAME	
STREET ADDRESS	11821 S.W. 103 LN.	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33084	34 CITY ST ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY ST ZIP	
TITLE	☐ DELETE	51 TITLE	☒ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY ST ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY ST ZIP	

5/20

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***158.75

CR2E034 (10/97)

14. I hereby certify that the corporation named in this report qualifies for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental requirements affecting it 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, added or deleted.

SIGNATURE: X _____ 04/28/98 (305)548-7431
SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number