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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 06 1997 8:00am

Secretary of State

Sandra B. or or

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000079617 (2)

EL GUERO GROCERY, INC.

Mailing Address Principal Place of Business BZZZ JOHNSON ST HOLLYWOOD FL 33024 6222 JOHNSON ST HOLLYWOOD FL 33024-5932 3. Date Incorporated or Qualified 3a. Date of Last Report 09/24/1996 4. FEI Numbor 2a. Mailing Address 2. Principal Place of Business Applied For Not Applicable Suite, Apt. #, etc. Sulte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Bo Trust Fund Contribution 23 28 Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Florida Statutes 29 Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BARRANTES, TERESA 6000 SW 39TH CT 62 Street Address (F.O. Box Number is Not Acceptable) DAVIE FL 33314 83 84 City Zip Code 85 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 Signature, typed or printed name of registered agent and title d applicable (NOTE Register, diAgent's guature required when reinstating); 112. OFFICERS AND DIRECTORS ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 12 13. owner/Director Sullermo Salazar DELETE Change TITLE 1.1 HILE NAME 1.2 NAME **FETREET ADDRESS** 1.3 STREET ADDRESS St Hollywood 5/a. 3302 CITY-ST-ZIP 14 CITY - ST - ZIP Change Addition THLE 21 TIME NAME 2.2 NAMI STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 C/1Y-S1-ZIF DELETE Change Addition TITLE 3.1 11116 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. C/TY - \$1 - 7/P DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY-ST-ZIP 4.4 CITY - ST - 20F DELFTE ____ Addition ante 5.1 THEF NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS QITY-ST-ZIP 5.4 DITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME

14. I do 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 frue and accurate and that my signature shall have the same logal offect as if made under oath; that 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. 4-8-97

6.3 STREET ADDRESS

6.4 CITY - ST - 7IP

STREET ADDRESS

CITY-ST-ZIP