

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

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90194 039 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000100958**

1. Corporation Name  
**LATINAMERICAN GROCERY INC.**

Principal Place of Business  
**2176 WISTER LAKES BLVD.  
ORLANDO FL 32837**

Mailing Address  
**2176 WISTER LAKES BLVD.  
ORLANDO FL 32837**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/01/1997**

4. FEI Number  
**59-3479929**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VILLAMIL, DOUGLAS  
11618 PURPLE LILAC CIR.  
ORLANDO FL 32837**

81 Name **ADRIANA ENRIQUEZ**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4909 BELTHORN DR.**  
83 **ORLANDO**  
84 City

FL 85 Zip Code  
**32837**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**03-09-99.**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PS** ☒ DELETE  
NAME **DOUGLAS VILLAMIL**  
STREET ADDRESS **11618 PURPLE LILAC CIR**  
CITY-ST-ZIP **ORLANDO FL 32837**

1.1 TITLE **PST** ☐ Change ☒ Addition  
1.2 NAME **ADRIANA ENRIQUEZ**  
1.3 STREET ADDRESS **4909 BELTHORN DR.**  
1.4 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **VPT** ☒ DELETE  
NAME **ADRIANA VILLAMIL**  
STREET ADDRESS **11618 PURPLE LILAC CIR**  
CITY-ST-ZIP **ORLANDO FL 32837**

2.1 TITLE **VP** ☐ Change ☒ Addition  
2.2 NAME **MARIA ALBA ENRIQUEZ**  
2.3 STREET ADDRESS **4909 BELTHORN DR**  
2.4 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03-09-99 (407) 851-5004**  
Date Daytime Phone #

CR2E034 (1/98)