

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90130 028 \*\*\*150.00

DOCUMENT # P98000001577

1. Corporation Name  
LATIN GROCERS USA, INC.



## Principal Place of Business

17127 SW 115 AVE  
MIAMI FL 33157

## Mailing Address

17127 SW 115 AVE  
MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/07/1998	
21 1740 SW 139 AVE		28 1740 SW 139 AVE		4. FEI Number 65-0804461	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State MIAMI FL		27 City & State MIAMI FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip 33175		29 Zip 33175		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25 Country USA		30 Country USA			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
TORRES, JUAN M 17127 SW 115 AVE MIAMI FL 33157				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 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 TERESA CORBO, President Juan Torres 4/30/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, JUAN M	1.2 NAME	
STREET ADDRESS	17127 SW 115 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	1.4 CITY-ST-ZIP	
TITLE	<del>PD</del>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORBO, TERESA	2.2 NAME	PD
STREET ADDRESS	17127 SW 115 AVE	2.3 STREET ADDRESS	1740 SW 139 AVE
CITY-ST-ZIP	MIAMI FL 33157	2.4 CITY-ST-ZIP	MIAMI FL 33175
TITLE	<del>STD</del>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, ANA A	3.2 NAME	VD
STREET ADDRESS	17127 SW 115 AVE	3.3 STREET ADDRESS	1740 SW 139 AVE
CITY-ST-ZIP	MIAMI FL 33157	3.4 CITY-ST-ZIP	MIAMI FL 33175
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Juan Torres  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 (305) 221-2354  
DATE Daytime Phone #

CR2E034 (1/198)