

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

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90006 025 \*\*\*150.00

DOCUMENT # **P98000106197**

1. Corporation Name  
**LA ESPERANZA GROCERY INC.**



Principal Place of Business

Mailing Address

**1150 N.W. 72ND AVENUE  
SUITE 307  
MIAMI FL 33126**

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SUITE 307  
MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/23/1998**

4. FEI Number

**65-0884638**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

**21 129 S.W. 6th St.**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

**23 Miami, FL USA**

**28**

Zip

Country

Zip

Country

**24 33130**

**25 USA**

**29**

**30**

9. Name and Address of Current Registered Agent

**MOLINA, HECTOR  
15207 S.W. 71ST LANE  
MIAMI FL 33193**

10. Name and Address of New Registered Agent

**81 Name Sigfredo Baer**

**82 Street Address (P.O. Box Number is Not Acceptable)  
8958 NW 112th St.**

**83**

**84 City Hialeah Gardens, FL 85 Zip Code 33018**

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PSTD ☒ DELETE**  
**NAME MOLINA, HECTOR**  
**STREET ADDRESS 15207 S.W. 71ST LANE**  
**CITY-ST-ZIP MIAMI FL 33193**

**TITLE ☐ DELETE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE ☐ DELETE**  
**NAME**  
**STREET ADDRESS**  
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**NAME**  
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**CITY-ST-ZIP**

**TITLE ☐ DELETE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE PSTD ☐ Change ☒ Addition**  
**1.2 NAME Sigfredo Baer**  
**1.3 STREET ADDRESS 8958 NW 112th St.**  
**1.4 CITY-ST-ZIP Hialeah Gardens, FL 33018**

**2.1 TITLE ☐ Change ☐ Addition**  
**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY-ST-ZIP**

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

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

**5.1 TITLE ☐ Change ☐ Addition**  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 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: **Sigfredo Baer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)