FILE NO	W: FILIN	IG FEE AF	TER MAY 1	I IS \$2	25	.00						,
	PORATION		(*)	DEPARTMENT Indra B. Morth		STATE						
	996	~ (U	<b>7</b> .7	ecretary of Sta N OF CORPOR		ONS						
DOCUN 1. Corporation	MENT #	s20561	(4)									
		MARKET OF	MIAMI, INC.									
Principal Place	of Business		Mailing Address								•	••
	W 109th.	AVENUE	, Marie 1									
SWEETWQTER, FL 33174-1336								DO NOT WRITE IN THIS SPACE.  3. Date Incorporated or Qualified 3a. Date of Last Report				
								12/21			5/19	•
2. Principal Place of Business 2a. Mailing Address 2b. 2a. Mailing Address 2b. 2b. 2a. Mailing Address 2b.								4. FEI Number	22546			Applied For Not Applicable
Suite, Apt. 4	r, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc.				65-02 5. Certificate of S			\$8.75	Additional	
City & State	,		City & State					6. Election Campa	aign Financing	<del></del>		Required  May Be
23 Zip	1. 6	ountry	28 Zip					Trust Fund Cor	ntribution .		Added	to Fees
24	25		29	30	untry		ŀ	<ol> <li>This corporation</li> <li>Florida Statutes</li> </ol>			under S.	199.032,
·····	9. Name and	Address of Current	Registered Agent		81	Name		10. Name and Ad	dress of New F	Registered A	jent	
	A, CLAUDI				82		Address	(P.O. Box Number	is Not Acceptat	olei		
70 EAST 8th. STREET #3 HIALEAH, FL 33010					83			•				<del></del>
PULL	BAR, FL 3	3010			84	City					85 Zip	Code
11. Pursuant to	o the provisions of	Sections 607.0502	and 607.1508, Florida S	tatutes the ah	1	•	ornovati.	on submite this stat	ement for the nu	FL mose of chao	1 1 1	
or registere tamikar wit	ed agent, or both, h, and accept the	in the State of Florida obligations of Sectio	a. Such phange was aut in 607,0805, Florida Sta	horized by the tutes.	corp	oration's	board	of directors. I hereb	accept the app	ointment as re	gistered	agent. I am
SIGNATURE	Signature, typegror printe	d name of registered agent a	Self (	(NOTE Flogisters	rd Ager	ll semature e	recovered with	hen revosuational	Α	ugust 4	<u>th</u> 1	1996
12.	D/P	OFFICERS AND		13.			1		IANGES 10 OFF	ICERS AND D		
title Name	GOMEZ,	GABINO			TITLE NAME					L	] Change	Addition
STREET ADDRESS		57th. STREE	T .	1.3 5	STREET	ADDRESS						
CITY-ST-ZIP TITLE	D/S	FL 33013			CITY - S Title	T-ZIP		<del> </del>		<del>_</del>	Change	Addition
NAME	LEYVA, C				NAME	•				_	•-	
STREET ADDRESS CITY-ST-ZIP	70 EAST RIALEAR.	8th. STREET FL 33010	#3		STREET CITY - S	ADORESS T. 7IP						
TITLE				3.17	TITLE						Change	Addition
NAME Street adoress					name Street	Address						
CITY-ST-ZIP TITLE				3.4 (	CITY - S					· · · · · · · · · · · · · · · · · · ·		····
NAME				•	TITLE NAME					L	] Change	Addition
STREET ADDRESS				4.3 \$	STREET	ADORESS						
CITY-ST-ZIP TITLE					CITY-S TITLE	T- ZIP	<del> </del>			r	Change	Addition
NAME					NAME		ł					
STREET ADDRESS CITY-ST-ZIP					STREET CITY:-S	ADDRESS T-Zip						
TITLE		· · · · · · · · · · · · · · · · · · ·	······································		TITLE			0000	0 <b>019</b> 2 /96010	2304	Change	Addition
NAME STREET ADDRESS				ŀ	VAME Street	ADORESS		+08/15 ***225	/ <b>96</b> 010:	30035		
CITY-ST-ZIP	cortification that the in-	Inmulian overtex	th thin file - in 1	6.4 (	CITY-S	T-21P						
path: that I	am an officer or o	livector of the cornors	th this filing is voluntarily I report or supplemental ation or the receiver or tr an attachment with an	noder isunna i								
SIGNATI	SIG	MAJORE AND TYPED OR P	Sould PRINTED HAME OF SIGNING O	FFICER OR DIREC	TOA			August	4th.,19		5) 22	63630
and the second second		,								/ /	00	1. 1 1211