

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S90722 (7)

1. Corporation Name

CESPEDES INCORPORATED



Principal Place of Business

**EL CRIOLLO SUPERMARKET
1651 W. FLAGLER ST.
MIAMI FL 33135**

Mailing Address

**EL CRIOLLO SUPERMARKET
1651 W. FLAGLER ST.
MIAMI FL 33135**

3. Date Incorporated or Qualified
10/30/1991

3a. Date of Last Report
01/18/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

**GARCIA, OSCAR
2014 SW 92 COURT
MIAMI FL 33185**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0299231

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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

Signature (typed or printed name of registered agent or officer or director)

Typed Registered Agent Signature (typed after registration)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P GARCIA, OSCAR**
STREET ADDRESS **2014 S.W. 92ND CT.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **T GARCIA, OSCAR, JR.**
STREET ADDRESS **2014 SW 92ND CIRCLE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **S RAMOS, ADYS**
STREET ADDRESS **8600 SW 109 AV, #230**
CITY-ST-ZIP **MIAMI FL**

TITLE ☒ DELETE

NAME **D RAMOS, ROBERT**
STREET ADDRESS **327 S.W. 81ST AVE.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), 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 an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-22-96

227-2120

CR2E034 (12/95)