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 # **V10620** **(5)**

1. Corporation Name

LA REINA GROCERY, INC.

Principal Place of Business:	Mailing Address:
1200 N STATE ROAD 7 HOLLYWOOD FL 33021	1200 N STATE ROAD 7 HOLLYWOOD FL 33021

3. Date Incorporated or Qualified: **01/31/1992**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip: 24: County: 25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip: 29: County: 30:

4. FEI Number: **65-0308234** ☐ 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

9. Name and Address of Current Registered Agent

CARBONELL, OGLIZ
1200 N STATE RD 7
HOLLYWOOD FL 33021

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 607.1622 and 607.1716, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation's board of directors hereby accepts the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: DATE:

12. OFFICERS AND DIRECTORS (CONT'D)			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1: TITLE	☐ Change ☐ Addition
NAME	CARBONELL, OGLIZ		1: NAME	
STREET ADDRESS	7525 GRANT CT.		1: STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33024		1: CITY-ST-ZIP	
TITLE	SD	☒ DELETE	2: TITLE	☐ Change ☐ Addition
NAME	CARBONELL, GUILLERMO		2: NAME	
STREET ADDRESS	1200 N STATE RD 7		2: STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL		2: CITY-ST-ZIP	
TITLE		☐ DELETE	3: TITLE	☐ Change ☒ Addition
NAME			3: NAME	VP SECRETARY
STREET ADDRESS			3: STREET ADDRESS	MARIA CARBONELL
CITY-ST-ZIP			3: CITY-ST-ZIP	4708 MONROE ST.
TITLE		☐ DELETE	4: TITLE	HOLLYWOOD FL. 33021
NAME			4: NAME	☐ Change ☐ Addition
STREET ADDRESS			4: STREET ADDRESS	
CITY-ST-ZIP			4: CITY-ST-ZIP	
TITLE		☐ DELETE	5: TITLE	☐ Change ☐ Addition
NAME			5: NAME	
STREET ADDRESS			5: STREET ADDRESS	
CITY-ST-ZIP			5: CITY-ST-ZIP	
TITLE		☐ DELETE	6: TITLE	☐ Change ☐ Addition
NAME			6: NAME	
STREET ADDRESS			6: STREET ADDRESS	
CITY-ST-ZIP			6: CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 business organized 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 added, above or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-96 DATE

917-585-5682 DAYTIME TELEPHONE NUMBER

CR2E034 (12/95)