

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

1995 APR 26 AM 7:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 444617 (S)  
1. Corporation Name  
G E C GROCERY, INC

400001467954  
-04/28/95--01037--004  
\*\*\*200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
3035 SW 98TH CT  
MIAMI, FL 33165-2962

3. Date Incorporated or Qualified 1-22-1974  
3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 County 25 County 29 County 30 County

4. FEI Number 59-1517370 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  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
CASAÑAS, MANUEL J.  
13361 SW 82 ST.  
MIAMI, FL 33183

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASAÑAS, MANUEL E.	2. NAME	
STREET ADDRESS	3035 SW 98 COURT	3. STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL	4. CITY - ST - ZIP	
TITLE	V/D	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASAÑAS, ALICIA	22. NAME	
STREET ADDRESS	3035 SW 98 COURT	23. STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL	24. CITY - ST - ZIP	
TITLE	S/D	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASAÑAS, MANUEL J.	32. NAME	
STREET ADDRESS	13361 SW 82 ST	33. STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL	34. CITY - ST - ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. 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 119.07(3)(b), 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.

SIGNATURE: Manuel E. Casañas 4-15-95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Printed Name)  
MANUEL E. CASAÑAS, Resident