

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**



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

DOCUMENT # F94000003440 (4)
 1. Corporation Name
PUEBLO XTRA INTERNATIONAL, INC.



Principal Place of Business Mailing Address

**1300 N.W. 22ND STREET
 ATTN : TAX DEPT.
 POMPANO BEACH FL 33069**

**1300 N.W. 22ND STREET
 ATTN : TAX DEPT.
 POMPANO BEACH FL 33069**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/30/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0415593	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324				81 Name Julie Layton			
				82 Street Address (P.O. Box Number is Not Acceptable) 1300 N.W. 22nd Street			
				83			
				84 City Pompano Beach FL 85 Zip Code 33069			

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]* **Julie Layton, Dir. of Risk Mgmt**
 Signature or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEON, WILLIAM T. III	1.2 NAME	
STREET ADDRESS	1300 NW 22ND ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	EVP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREIMARK, JEFFREY P	2.2 NAME	BVP
STREET ADDRESS	1300 N.W. 22ND ST.	2.3 STREET ADDRESS	O'Leary, Daniel J.
CITY-ST-ZIP	POMPANO BEACH FL 33069	2.4 CITY-ST-ZIP	1300 N.W. 22ND ST. POMPANO BEACH, FL 33069
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LLOVERAS, RAMON	3.2 NAME	VP
STREET ADDRESS	1300 N.W. 22ND ST.	3.3 STREET ADDRESS	Banilla, Fernando J.
CITY-ST-ZIP	POMPANO BEACH FL 33069	3.4 CITY-ST-ZIP	1300 N.W. 22ND ST. POMPANO BEACH, FL 33069
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

[Signature] **4/1/98**

CR2E034 (10/97)