

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

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90022 004 \*\*\*158.75

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # M06437**

1. Corporation Name  
**NATIONAL GROCERIES DISTRIBUTOR, INC.**



Principal Place of Business  
 10545 S.W. 124 CT.  
 MIAMI FL 33186

Mailing Address  
 10545 S.W. 124 CT.  
 MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/15/1984**

4. FEI Number  
**59-2450879**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
**21 8496 N. W. 61 St.**

2a. Mailing Address  
**26 8496 N. W. 61 St.**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State  
**MIAMI, FL.**

28 City & State  
**MIAMI, FL.**

24 Zip  
**33166**

25 Country

29 Zip  
**33166**

30 Country

9. Name and Address of Current Registered Agent

**PAZOS, JOSE M.**  
 10545 S.W. 124 CT.  
 MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name  
**JOE RODRIGUEZ**

82 Street Address (P.O. Box Number is Not Acceptable)  
**6423 COLLINS AVE. APT. 701**

83

84 City  
**MIAMI BEACH**

85 Zip Code  
**FL 33141**

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 **JOE RODRIGUEZ PSD** **MARCH 3, 1999**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PSD	PAZOS, JOSE M.	10545 S.W. 124 CT.	MIAMI FL	<input checked="" type="checkbox"/>
VD	RODRIGUEZ, JOE	8496 NW 61 STREET	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PSD	RODRIGUEZ, JOE	6423 Collins Ave. Apt. 701	Miami Beach, Fl. 33141	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE: **JOE RODRIGUEZ**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/3/99**  
Date Daytime Phone #

CR2E034 (1/98)