

MP

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Mar 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000099990 (9)

1. Corporation Name  
PACK SUPERMARKET, INC.



Principal Place of Business  
8235 N.E. 2ND AVENUE  
MIAMI FL 33138

Mailing Address  
211 N.E. 43RD STREET  
MIAMI FL 33137-3448

3. Date Incorporated or Qualified 12/09/1996  
3a. Date of Last Report 12/09/96

2. Principal Place of Business  
21 8235 NE 2ND AVENUE  
Suite, Apt. #, etc.

2a. Mailing Address  
26 8235 NE 2ND AVE  
Suite, Apt. #, etc.

4. FEI Number 65-072802A  
Applied For Not Applicable

22 City & State  
23 MIAMI, FL  
Zip 33138 Country USA

27 City & State  
28 MIAMI, FL  
Zip 33138 Country USA

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  
ALPAZILE, CELIMENE  
211 N.E. 43RD STREET  
MIAMI FL 33137

10. Name and Address of New Registered Agent  
81 Name ALPAZILE, CELIMENE  
82 Street Address (P.O. Box Number is Not Acceptable) 211 NE 43RD ST  
83 MIAMI, FL  
84 City MIAMI, FL 85 Zip Code 33138

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 *Celime AlpaZile* '02-27-97  
NOTE: Registered Agent signature required when reinstating!

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	FILIASSE, KERNISAN	
STREET ADDRESS	16221 N.E. 10TH AVENUE	
CITY- ST- ZIP	N. MIAMI FL 33162	
TITLE	VTD	<input type="checkbox"/>
NAME	ALPAZILE, CLEMENE	
STREET ADDRESS	211 N.E. 43RD STREET	
CITY- ST- ZIP	MIAMI FL 33137	
TITLE	SD	<input type="checkbox"/>
NAME	PHILIAS, PAULETTE	
STREET ADDRESS	211 N.E. 43RD STREET	
CITY- ST- ZIP	MIAMI FL 33137	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	FILIASSE, KERNISAN		
1.3 STREET ADDRESS	16221 NE 10TH AVE		
1.4 CITY- ST- ZIP	N.M.B., FL 33162		
2.1 TITLE	VTD	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	ALPAZILE, CELIMENE		
2.3 STREET ADDRESS	211 NE 43RD ST		
2.4 CITY- ST- ZIP	MIAMI, FL 33137		
3.1 TITLE	SD	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	PAULETTE PHILIAS		
3.3 STREET ADDRESS	211 NE 43RD ST		
3.4 CITY- ST- ZIP	MIAMI, FL 33137		
4.1 TITLE	TD	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	ALPAZILE, CLEMENCE		
4.3 STREET ADDRESS	211 NE 43RD ST		
4.4 CITY- ST- ZIP	MIAMI, FL 33137		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY- ST- ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY- ST- ZIP			

3/4/97

14. I do 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: *Kernisan Filiasse* 02-27-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0003291

CR2E034 (9/96)