

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

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

FILED
Mar 04 1997 8:00am
Secretary of State

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
4. FEI Number 65-072802A	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 8235 NE 2ND AVENUE Suite, Apt. #, etc.	2a. Mailing Address 26 8235 NE 2ND AVE Suite, Apt. #, etc.
22 City & State 23 MIAMI, FL Zip Country 24 33138 25 USA	27 City & State 28 MIAMI, FL Zip Country 29 33138 30 USA

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 FL 85 Zip Code 33138
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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* (NOTE: Registered Agent signature required when reinstalling) **02-27-97**
Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FILIASSE, KERNISAN		1.2 NAME FILIASSE, KERNISAN	
STREET ADDRESS 16221 N.E. 10TH AVENUE		1.3 STREET ADDRESS 16221 NE 10TH AVE	
CITY-ST-ZIP N. MIAMI FL 33182		1.4 CITY-ST-ZIP N.M.B., FL 33162	
TITLE VTD	<input type="checkbox"/> DELETE	2.1 TITLE VTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALPAZILE, CLEMENE		2.2 NAME ALPAZILE, CELIMENE	
STREET ADDRESS 211 N.E. 43RD STREET		2.3 STREET ADDRESS 211 NE 43RD ST	
CITY-ST-ZIP MIAMI FL 33137		2.4 CITY-ST-ZIP MIAMI, FL 33137	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PHILIAS, PAULETTE		3.2 NAME PAULETTE PHILIAS	
STREET ADDRESS 211 N.E. 43RD STREET		3.3 STREET ADDRESS 211 NE 43RD ST	
CITY-ST-ZIP MIAMI FL 33137		3.4 CITY-ST-ZIP MIAMI, FL 33137	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALPAZILE, CLEMENCE		4.2 NAME ALPAZILE, CLEMENCE	
STREET ADDRESS 211 N.E. 43RD STREET		4.3 STREET ADDRESS 211 NE 43RD ST	
CITY-ST-ZIP MIAMI FL 33137		4.4 CITY-ST-ZIP MIAMI, FL 33137	
TITLE ETE	<input type="checkbox"/> DELETE	5.1 TITLE ETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 3/4/97		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE ETE	<input type="checkbox"/> DELETE	6.1 TITLE ETE	<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 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)