FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

[redacted]

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

APPROVED AND FILED

97 DEC 19 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 131453 (3)

1. Corporation Name
THE MIAMI WHOLESALE GROCERY CO., INC.
REINSTATEMENT 97

Principal Place of Business	Mailing Address
1040 PORT BLVD.,STE.402 P. O. BOX 010348 MIAMI FL 33132	1040 PORT BLVD.,STE.402 P. O. BOX 010348 MIAMI FL 33132-2027

3. Date Incorporated or Qualified: 11/12/1935
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-0359090 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [X] $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

2. Principal Place of Business
21 1009 NORTH AMERICA WAY
Suite, Apt. #, etc.
22 407
City & State
23 MIAMI, FL
Zip
24 33132
Country
25 USA

2a. Mailing Address
26 P.O. BOX 010348
Suite, Apt. #, etc.
27
City & State
28 MIAMI FL
Zip
29 33132
Country
30 USA

9. Name and Address of Current Registered Agent
PIETRO, LOUIS A.
1040 PORT BLVD.,STE.402
MIAMI FL 33132

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 [signature] LOUIS A. PIETRO 5/27/97
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	P	[X] DELETE
NAME	STEIN, LOUIS	
STREET ADDRESS	1947 N.E. 119 RD	
CITY-ST-ZIP	NO. MIAMI BCH. FL	
TITLE	V	[ ] DELETE
NAME	PIETRO, LOUIS A.	
STREET ADDRESS	44 PALERMO AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PS	[X] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

200002382352--7
-12/24/97--01068--003
****200.00 ****200.00

200002382352--7
-12/24/97--01068--004
****558.75 ****558.75

A. alan 12/19/97

CR2E034 (9/96)

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.