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	PORATION		FLORIDA DEPAR			Mar 09	9, 1999	9 8:00	J am
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			Secretary			1	•		
	1999 Division of corporations					- 03-09-19	99 90004 03	2 ***158.7	5
DOCUN 1. Corporation	MENT # 13	1453							
-	MI WHOLESALE G	GROCERY CO., I	NC.			) ( <b>an</b> kai () <b>1770</b> ())(1770) (20() (	I <b>Gar a</b> ti <b>di</b> t (117 <b>b) (</b> 11 l	HINI ANDI DIDI A	<b>.</b>
Principal Place of Business Mailing Address									
1007 North Ai Miami Fl 33132	07 NORTH AMERICA WAY, #407 1007 NORTH AMERICA WAY. AMI FL 33132 MIAMI FL 33132					DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qua 11/12/1935	alifed		
2. Principal Pl	lace of Business	2a. N	Aailing Address			4, FEI Number			lied For
1		26	wite Ant # oto			59-0359090		<b>\$8.75</b> A	Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				red []	Fee Re	
City & State	e		City & State			6. Election Campaign Finar Trust Fund Contribution	icing	\$5.00 Added to	
Zip	Country		Cip		try	8. This corporation owes th	e current year in		⊡No
4	25 9 Name and Addres	29 ss of Current Registe		30		Personal Property Tax. 10. Name and Address of I	New Registered		
					81 Name			 、	
	RO, LOUIS A.			ŀ	B2 Street Add	ress (P.O. Box Number is Not A	cceptable)		
1007 #407	NORTH AMERICA W	AY			83				
	/ WIFL 33132								
					84 City		FL		
	to the provisions an Section egistered agent, of both, m familiar with, and acce	ions 607.0502 and 667 in the State of Florida pt the obligations of, S	.1508, Florida Statute . Sugn change was au ection 607.0505, Flori	s, the ab thorized da Statu	ove-named cor by the corporat	poration submits this statement for on's board of directors. I hereby	or the purpose of accept the appo	f changing its intment as rec	registered gistered
			12					2/24/	94
SIGNATURE	Signature, typed or printed name	of registered agent and title if a	tà	Registered /	gent signature requir	ad when reinstating)	DATE	0/24/	<u> </u>
	OF	of registered agent and title if a FFICERS AND DIREC	pplicable (NOTE: 1 TORS	Registered /	gent signature requir		DATE	ND DIRECTO	<u> </u>
12.	OF PSV	<u> </u>	pplicable (NOTE: )	Registered /	gent signature requir	ad when reinstating)	DATE	0/24/	RS IN 12
12.	of PSV Pietro, Louis A	<u> </u>	pplicable (NOTE: 1 TORS	Registered A	gent signature requir	ad when reinstating)	DATE	ND DIRECTO	RS IN 12
12. TILE VAME STREET ADDRESS	OF PSV PIETRO, LOUIS A	<u> </u>	pplicable (NOTE: 1 TORS	Registered / 13. 1.1 TITL 1.2 NAI 1.3 STF	gent signature requir E	ad when reinstating)	DATE	ND DIRECTO	RS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSV PIETRO, LOUIS A 44 PALERMO AVE.	<u> </u>	pplicable (NOTE: 1 TORS	13.         1.1 TITL         1.2 NAI           1.3 STF         1.4 CIT         2.1 TITL	gent signature requir E IE IEET ADDRESS (-ST-ZIP E	ad when reinstating)	DATE	ND DIRECTO	RS IN 12
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officer or director of the corporation or the receiver or trustee empowered to execute this report as required block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED WARE OF SIGNING OFFICER OR DIRECTOR

2/2/99 305-371.8491 Date Date Datime Phone #