

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Jan 29, 1999 8:00am  
Secretary of State

01-29-1999 90034 047 \*\*\*150.00

DOCUMENT # 312344

1. Corporation Name

GALIANO SUPERMARKETS, INC.

Principal Place of Business

EMILIANO RODRIGUEZ PRES  
2537 S W 37 AVE  
MIAMI FL 33133

Mailing Address

EMILIANO RODRIGUEZ PRES  
2537 S W 37 AVE  
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1966

4. FEI Number

59-1163995

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

MIRIAM C BLANCO  
3677 SW 25 TERRACE  
MIAMI FL 33133

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-11-99

| 12. OFFICERS AND DIRECTORS |                       |
|----------------------------|-----------------------|
| TITLE                      | DP                    |
| NAME                       | RODRIGUEZ, EMILIANO   |
| STREET ADDRESS             | 3675 SW 25 TERR.      |
| CITY-ST-ZIP                | MIAMI, FL 00000       |
| TITLE                      | SD                    |
| NAME                       | BLANCO, MIRIAM C      |
| STREET ADDRESS             | 3677 SW 25 TERR.      |
| CITY-ST-ZIP                | MIAMI, FL 00000       |
| TITLE                      | VP                    |
| NAME                       | ERIC BLANCO           |
| STREET ADDRESS             | 3677 SW 25 TERRACE    |
| CITY-ST-ZIP                | MIAMI FL              |
| TITLE                      | T                     |
| NAME                       | ECHEVARRIA, MIRIAM, R |
| STREET ADDRESS             | 6287 S.W. 39 ST       |
| CITY-ST-ZIP                | MIAMI FL              |
| TITLE                      |                       |
| NAME                       |                       |
| STREET ADDRESS             |                       |
| CITY-ST-ZIP                |                       |
| TITLE                      |                       |
| NAME                       |                       |
| STREET ADDRESS             |                       |
| CITY-ST-ZIP                |                       |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |   |
| 1.3 STREET ADDRESS                                    |   |
| 1.4 CITY-ST-ZIP                                       |   |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |   |
| 2.3 STREET ADDRESS                                    |   |
| 2.4 CITY-ST-ZIP                                       |   |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 CITY-ST-ZIP                                       |   |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |   |
| 4.3 STREET ADDRESS                                    |   |
| 4.4 CITY-ST-ZIP                                       |   |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |   |
| 5.3 STREET ADDRESS                                    |   |
| 5.4 CITY-ST-ZIP                                       |   |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME  |   |
| 6.3 STREET ADDRESS                                    |   |
| 6.4 CITY-ST-ZIP                                       |   |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

1-11-99

305-445-9974

CR2E034 (11/98)