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APPROVED
AND
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95 MAY -1 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 563504 (0)

1. Corporation Name

FABIAN SUPERMARKET, INC.

Principal Place of Business

1036 SW 1 ST
MIAMI FL 33130
US

Mailing Address

1036 SW 1 ST
MIAMI FL 33130
US

2. Principal Place of Business

2a. Mailing Address

21 2300 CORAL WAY

26 2300 CORAL WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 MIAMI FLORIDA,

28 MIAMI FLORIDA,

Zip

Country

Zip

Country

24 33145

25 US.

29 33145

30 US.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/28/1978

3a. Date of Last Report

04/27/1995

4. FEI Number

59-1813951

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC
1036 SW 1 ST
MIAMI FL 33130

81 Name
FLORIDA ANNUAL REPORT SERVICES, INC.
82 Street Address (P.O. Box Number is Not Acceptable)
2300 CORAL WAY SUITE # 200
83

84 City
MIAMI

FL 85 Zip Code
33145

11. Pursuant to the provisions of Sections 607.0602 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 607.1508, Florida Statutes.

SIGNATURE

AMADA CANTERA LOPEZ, PRES

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
FABIAN, RODOBALDO
1004 SE 9TH AVE
HIALEAH, FL 00000

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
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Change Addition
Change Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
Change Addition
Change Addition
Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 in an addition thereto with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

CR2E034 (12/95)