

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90052 048 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 599486
1. Corporation Name
Opportunity Supermarket #2 Inc.



Principal Place of Business
491 E OKEECHOBEE RD
HIALEAH FL 33016

Mailing Address
491 E OKEECHOBEE RD
HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

3. 12/22/86 -
4. FEI Number 59-2208724
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
7. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
26
27
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29
30

9. Name and Address of Current Registered Agent

LED GARCIA
24 OLIVE DR.
HIALEAH FL 33016

10. Name and Address of New Registered Agent

81 Name LED GARCIA
82 Street Address (P.O. Box Number is Not Acceptable) 24 OLIVE DR.
83
84 City HIALEAH FL 85 Zip Code 33016

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

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|------------------|------|--------|---|--|---------------------------------|-----------------------------------|
| TITLE | LED GARCIA | P/D. | DELETE | 1.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | LED GARCIA | | | 1.2 NAME | | | |
| STREET ADDRESS | 24 OLIVE DR. | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | HIALEAH FL 33016 | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | MARTHA A. GARCIA | S/T | DELETE | 2.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MARTHA A. GARCIA | | | 2.2 NAME | | | |
| STREET ADDRESS | 24 OLIVE DR. | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | HIALEAH FL 33016 | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | | | DELETE | 3.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | 3.2 NAME | | | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | | | DELETE | 4.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | | DELETE | 5.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | | DELETE | 6.1 TITLE | | <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 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: X Leo Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres. 4/28/99 (305) 885-6005
Date Daytime Phone #

CR2E034 (11/98)