## FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Jan 26 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # F38826 (6) CENTRAL SUPERMARKET, INC. Principal Place of Business Mailing Address 4675 NW 199TH ST 15250 DURNFORD DRIVE CAROL CITY FL 33055 MIAMI LAKES FL 33014 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/26/1981 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2117860 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation owes or has paid the current year intangible 24 29 30 Personal Property Tax due June 30. XX Yes 25 10, Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ORLANDO RIVERO 15250 DURNFORD DRIVE Street Address (P.O. Box Number is Not Acceptable) MIAMI LAKES FL 33014 83 84 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 of 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE Change RIVERO, ORLANDO 12 NAME NAME 15250 DUNFORD DRIVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI LAKES FL 1.4 CITY - ST-ZIP CITY-ST-ZIP DÈLETE Change Addition TITI F 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY - ST - ZIP DELETE Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST-ZIP 3.4. CITY - ST-ZIP Change DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 5,1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 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)(1). 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 fedeiver 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. SIGNATUREDELANDO EL VERO PD 1/16/98 (305) 625-0358 SIGNATURE: .

DELETE

NAME

STREET ADDRESS

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Addition