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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

NAME

STREET ADORESS

SIGNATURE:

CITY - ST- ZIP

DOCUMENT # F49542

(6)

COUNTRY BEST SUPERMARKET, INC. OF HIALEAH

Principal Prace of Business Mailing Address 6262 BIRD ROAD 6262 BIRD ROAD SUITE 28 SUITE 28 MIAM! FL 33155-4882 MIAMI FL 33155 2. Principal Place of Business Mailing Address 8105 8105 26 Suite Apt. #. etc le, Apt. #, etc. 27 22 City & State MIAMI 28 23 USA 29 9. Name and Address of Current Registered Agent Name SUITE 2-B BIRD, INC. 6262 BIRD ROAD, #2B0 82 MIAMI FL 33155 PI 05 R3 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpor office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Standt de Type dia i printed pand of registered a jern and ollo if applicable (NOTE Registered Agent signature required 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE TITLE GARRIDO, JOSÉ A 1.2 NAME NAME 6262 BIRD ROAD, #28-STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL-1.4 CITY - ST- ZIP CITY - ST - 7/P DV DELETE TITLE 2.1 TITLE GARRIDO, JOSE A JR NAMĚ 22 NAME 6262 BIRD ROAD, #28 23 STREET ADDRESS STREET ADDRESS MIAMLEL 2. 4 CITY-ST-ZIP CHTY-ST-ZIP DELETE THEF 31 TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY+ST-ZIP CITY-ST-7P DELETE THILE 41 TITLE 4 2 NAME HAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition TITLE 51 TITLE NAME 5 2 NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CiTY - ST - ZIP CITY-ST-ZIF DELETE Change ___ Addition TITLE 6.1 TITLE

> 6.2 NAME 6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

94x11do, In 1/23/17

14. I do 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 I changed, or on an attachment with an address.

FILED Feb 04 1997 8:00am Secretary of State

Date Incorporated or Qualified 10/09/1981	3a. D	3a. Date of Last Report 05/01/1996			
. FEI Number 59-2133709		-	+	Appl	or cable
Certificate of Status Desired		\$8.7 Fee	5 A		nal
Election Campaign Financing Trust Fund Contribution				May E	
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. Name and Address of New R	egistereti	Agent			
P.O. Box Number is Not Accepta	iple)				
		85 2	Zip C	ode	•
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