

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

**FILED**

**Feb 04 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # F49544 (2)**

1. Corporation Name  
**COUNTRY BEST SUPERMARKET, INC. OF KENDALL**



Principal Place of Business <b>6262 BIRD ROAD SUITE 2B MIAMI FL 33155</b>	Mailing Address <b>6262 BIRD ROAD SUITE 2B MIAMI FL 33155-4882</b>
--	---

3. Date Incorporated or Qualified <b>10/09/1981</b>	3a. Date of Last Report <b>05/01/1996</b>
--	--

21. Principal Place of Business <b>8105 NW 77st</b> Suite, Apt. #, etc.	2a. Mailing Address <b>8105 NW 77st</b> Suite, Apt. #, etc.
---	---

4. FEI Number <b>59-2133336</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

22. City & State <b>MIAMI FL</b>	27. City & State <b>MIAMI FL</b>
-------------------------------------	-------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

23. Zip <b>33166</b>	25. Country <b>USA</b>	28. Zip <b>33166</b>	30. Country <b>USA</b>
-------------------------	---------------------------	-------------------------	---------------------------

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
---	------------------------------------

24. Zip <b>33166</b>	25. Country <b>USA</b>	29. Zip <b>33166</b>	30. Country <b>USA</b>
-------------------------	---------------------------	-------------------------	---------------------------

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---

9. Name and Address of Current Registered Agent

**SUITE 2-B BIRD, INC.  
6262 BIRD ROAD  
SUITE 2B  
MIAMI FL 33155**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	<b>8105 NW 77st</b>
83.	
84. City	<b>MIAMI</b>
85. Zip Code	<b>FL 33166</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>GARRIDO, JOSE A JR</b>	
STREET ADDRESS	<b>6262 BIRD ROAD, #2B</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>GARRIDO, JOSE A</b>	
STREET ADDRESS	<b>6262 BIRD ROAD, #2B</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>8105 NW 77st</b>
1.4 CITY-ST-ZIP	<b>MIAMI FL 33166</b>
2.1 TITLE	<input checked="" 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 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, unchanged, or on an attachment with an address.

SIGNATURE:  **Jose A. Garrido, Jr** 1/23/97 3058911111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)