

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **G34564**

1. Corporation Name

VIBERO SUPERMARKET, INC.

Principal Place of Business

**2300 CORAL WAY
#200
MIAMI FL 33145
US**

Mailing Address

**2300 CORAL WAY
#200
MIAMI FL 33145
US**

2. Principal Place of Business

21 2300 CORAL WAY

Suite, Apt. #, etc.

22 SUITE # 200

City & State

23 MIAMI FLORIDA

Zip Country

24 33145 25 U.S.

2a. Mailing Address

26 2300 CORAL WAY

Suite, Apt. #, etc.

27 SUITE # 200

City & State

28 MIAMI

Zip

29 33145

FLORIDA
Country

30 U.S.

9. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICES INC.
2300 CORAL WAY
#200
MIAMI FL 33145**

81 Name

82 Street Address (P.O. Box Not Permitted) **000002836850-4**

83

-04/12/99--01135--003

******150.00 ****150.00**

84 City

FL 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 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 *Amada Cantera Lopez* **AMADA CANTERA LOPEZ, PRES**

12. OFFICERS AND DIRECTORS

[] DELETE

**PD
VICENTE, ROBERTO A
12311 SW 97 TERRACE
MIAMI FL**

[] DELETE

**SD
ROMERO, MARIO G.
6680 W. 2ND COURT
HIALEAH FL**

[] DELETE

[] DELETE

[] DELETE

[] DELETE

[] DELETE

[] DELETE

[] DELETE

[] DELETE

[] DELETE

[] DELETE

[] DELETE

[] DELETE

[] DELETE

[] DELETE

[] DELETE

[] DELETE

[] DELETE

[] DELETE

[] DELETE

[] DELETE

[] DELETE

[] DELETE

[] DELETE

[] DELETE

[] DELETE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(4)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Amada Cantera Lopez
PRINTED NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DDP

APPROVED
AND
FILED

99 APR -9 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1983

4. FEI Number

59-2280801

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added To Fees**

8. This Corporation owes the current year Intangible
Personal Property Tax

[] Yes [] No

10. Name and Address of New Registered Agent

0217646

CR2E034 (11/98)