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

**PROFIT** CORPORATION ANNUAL REPORT

1997



appears in Block 12 or Block 13 if changed-or on an attachment with an address

SIGNATURE

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **G39315** 

(8)

SAVELAND SUPERMARKET, INC.

Principal Place of Business Mailing Address 8704 NW 32ND AVENUE 8704 NW 32ND AVENUE MIAMI FL 33147-3706 MIAMI FL 33147 3. Date incorporated or Qualified 3a. Date of Last Report 05/02/1983 02/27/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2310650 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Ζip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name AGUILA, ADOLFO Z. 85 GRAND CANAL DR. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 404 83 MIAMI FL 33144 84 City 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 Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. Addition PD Change Totale DELETE 1.1 TITLE PINEDA, SERGIO 1.2 NAME NAME CR2E034 590 W. 39 PLACE STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE PINEDA, ODILIA 2.2 NAME NAME 590 W. 39 PLACE STREET ADDRESS 2.3 STREET ADDRESS HIALEAH FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 3.1 TITLE Change TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP Diff-St-ZiP Change DELETE Addition 4.1 TITLE TITLE 4. 2 NAME NAM: 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP Change Addition DELETE TITLE 51 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-S1-ZiP DELETE Change Addition 61 TITLE TITLE NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS 6.4 CITY - ST - ZIP

14. To 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

305- 696-7332

**FILED** 

Jan 24 1997 8:00am

Secretary of State