

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 11 PM 3:06

DOCUMENT # **G99790** (9)

1. Corporation Name  
**B & R SUPERMARKET, INC.**

Principal Place of Business Mailing Address  
**5767 S.W. 40TH STREET MIAMI FL 33155** **5767 S.W. 40TH STREET MIAMI FL 33155**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/16/1984** 3a. Date of Last Report **03/08/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2389396		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MARQUEZ, JOSE M. 5767 S.W. 40TH STREET MIAMI FL</b>				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				B5 Zip Code			
				<b>FL</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 registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILAM, ALLEN R.	1.2 NAME	
STREET ADDRESS	18001 S.W. 55 STREET	1.3 STREET ADDRESS	
CITY- ST- ZIP	FT. LAUDERDALE FL	1.4 CITY- ST- ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILAM, BETH N.	2.2 NAME	
STREET ADDRESS	18001 SW 55TH STREET	2.3 STREET ADDRESS	
CITY- ST- ZIP	FT. LAUDERDALE FL	2.4 CITY- ST- ZIP	
TITLE	VPD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILAM, THOMAS J.	3.2 NAME	
STREET ADDRESS	1457 ALLEGRIANO	3.3 STREET ADDRESS	
CITY- ST- ZIP	CORAL GABLES FL	3.4 CITY- ST- ZIP	
TITLE	DVP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILAM, JOAN G.	4.2 NAME	
STREET ADDRESS	1457 ALLEGRIANO	4.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	4.4 CITY- ST- ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILAM, MICHAEL S.	5.2 NAME	
STREET ADDRESS	17411 NW 8 ST.	5.3 STREET ADDRESS	
CITY- ST- ZIP	PEMBROKE PINES FL	5.4 CITY- ST- ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON, MARIE M.	6.2 NAME	
STREET ADDRESS	15854 SW 143 PL	6.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 037, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an affidavit.

SIGNATURE: Allen R. Milam 4-5-95 305-662-1510  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Telephone Number