

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90028 023 ***150.00

DOCUMENT # G99790

1. Corporation Name
B & R SUPERMARKET, INC.

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

Mailing Address
5767 S.W. 40TH STREET
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/16/1984

4. FEI Number
59-2389396

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARQUEZ, JOSE M.
5767 S.W. 40TH STREET
MIAMI FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MILAM, ALLEN R.
STREET ADDRESS 18001 S.W. 55 STREET
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

TITLE ~~SD~~
NAME ~~MILAM, BETH N.~~
STREET ADDRESS ~~18001 SW 55TH STREET~~
CITY-ST-ZIP ~~FT. LAUDERDALE FL~~

☒ DELETE

TITLE VPD
NAME MILAM, THOMAS J
STREET ADDRESS 1779 INDEPENDENCE AVE.
CITY-ST-ZIP MELBOURNE FL

☐ DELETE

TITLE D
NAME JORGE, JOSE A
STREET ADDRESS 5525 SW 90 CT
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VD
NAME MILAM, MICHAEL S.
STREET ADDRESS 17411 NW 8 ST.
CITY-ST-ZIP PEMBROKE PINES FL

☐ DELETE

TITLE ~~I~~
NAME ~~DIXON, MARIE M.~~
STREET ADDRESS ~~15854 SW 143 PL~~
CITY-ST-ZIP ~~MIAMI FL~~

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☒ Addition

ST
DIXON, Marie Milam
15854 SW 143 Place
Miami, Florida

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marie Milam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/99 305-662-9987

CR2E034 (1/98)