

**FILE NOW: FILING FEE AFTER MAY 1 1995 \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR -7 AM 11:38**

**DOCUMENT # H93519**

**(7)**

1. Corporation Name

**NORTH MIAMI SUPERMARKET, INC.**

Principal Place of Business

**8100 NORTH MIAMI AVE.**

**MIAMI FL 33150**

Mailing Address

**8100 NORTH MIAMI AVE.**

**MIAMI FL 33150**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**01/08/1986**

3a. Date of Last Report

**04/21/1994**

4. FEI Number

**59-2628595**

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 has liability for intangible tax under S. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

**21**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23**

**28**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

**BOLANOS, JOSE A.**

**2121 PONCE DE LEON BLVD., SUITE 1035**

**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

**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  
or registered agent, or both, in the State of Florida. Such change was authorized by  
familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

above-named corporation submits this statement for the purpose of changing its registered office  
the corporation's board of directors. I hereby accept the appointment as registered agent. I am

SIGNATURE

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

(NOTE: New Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD  
BORGES, JORGE  
8100 N. MIAMI AVE.  
MIAMI FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ 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 is voluntarily furnished  
certify that the information indicated on this annual report or supplemental annual re  
ent; that I am an officer or director of this corporation or the receiver or trustee am  
appears in Block 12 or Block 13 if changed, or on an attachment with an address.

and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further  
part is true and accurate and that my signature shall have the same legal effect as if made under  
wored to execute this report as required by Chapter 607, Florida Statutes; and that my name

**SIGNATURE:**

*Jose A. Bolanos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/3/95 (305) 774326**  
DATE