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
95 MAY [illegible] 3: 38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TALLAHASSEE, FLORIDA

DOCUMENT # J27526 (9)

1. Corporation Name

SUPER GROCER, INC.

Principal Place of Business	Mailing Address
C/O FLOR MERINI 107 S. CHILLINGWORTH WEST PALM BEACH FL 33409-3811	1746 W. TERR. DR LAKE WORTH FL 33460 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 2017 Kudza Rd.	2a. Mailing Address: 26 1746 W. Terri Dr.
22 Suite, Apt # etc: W.	27 Suite, Apt # etc: —
23 City & State: W. Palm Beach	28 City & State: Lake Worth, Fl.
24 Zip: 334 W 25 Country: U.S.A.	29 Zip: 33460 30 Country: U.S.A

3. Date Incorporated or Qualified: 08/06/1986
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-2721986 — 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MERINI, FLOR 107 S. CHILLINGWORTH WEST PALM BEACH 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 607.1503 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: Flor Merini — 4/27/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	MERINI, FLOR	NAME	
STREET ADDRESS	~~107 S. CHILLINGWORTH~~	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	MERINI, LUCIANO	NAME	
STREET ADDRESS	~~107 S. CHILLINGWORTH~~	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	RAMOS, ENRIQUE	NAME	
STREET ADDRESS	~~231 GALE PL~~	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	RAMOS, MIRIAM	NAME	
STREET ADDRESS	~~231 GALE PL~~	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(n), 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.

SIGNATURE: Flor Merini — 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

0270001 CP