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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J90378

SUSY'S MEAT MARKET, INC.

(7)

FILED Apr 16 1997 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address				s sumicen main edits autom lette samm. Inst until diete Sâus Brais aturi diete etter				
1796 S.W. 10T		1786 S.W. 10TH STREET	7							
MIAMI FL 3313	95	MIAMI FL 33135-5104								
						s. Date Incorporated or Qualified 09/02/1987	3a. Date 05/01/		Report	
	ace of Business	2a. Mailing Address				4, FEI Number		T A	pplied For	
21		26				65-0011697		N	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired See Required				
City & Stat	e	City & State				6. Election Campaign Financing			May Be	
23		28				Trust Fund Contribution			to Fees	
Zip	Country	Zip	Cour	ntry		a. This corporation has liability for in	tangible tax	under s	i. 199.032,	
24	25	29	30			<u> </u>	Yes 🔲 t			
	g. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Reg	Istered Age	int		
	AHIM, ODALYS M.			81	Name					
	NW LEJEUNE RD FE 404		Ì	82	Street Addre	ess (P.O. Box Number is Not Acceptable	9)			
	MI FL 33126		ŀ	83						
				84	City		EI ⁶	5 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508. Florida Stat	utes, the ab	OVE	-named corpo	pration submits this statement for the pu	roose of ch	anging i	its registered	
l office or r	egistered agent, or both, in the Sta im familiar with, and accept the obt	ite of Florida. Such change wa:	s authorized	lbv	the corporatio	on's board of directors. I hereby accept	the appoint	ment as	registered	
SIGNATURE		***************************************								
40	5 gratue types or proved name of registered a OFFICE DO A	agent and title if applicable. (N ND DIRECTORS		Age	nt signature required		DATE	DEOTO	20 11 40	
12. TITLE	P OFFICENS A	DELETE	13.	ł F	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICE	****	Change	AS IN 12	
NAME	BERMEJO, YOLANDA		1.2 NA					Change	Las Modition	
STREET ADDRESS	1786 SW 10TH ST				ADDRESS					
CITY - ST - ZIP	MIAMI FL		1.4 00							
TITLE	8	DELETE	2.1 TIT					Change	Addition	
NAME	BERMEJO, YOLANDA		2.2 NA	ME				•		
STREET ADDRESS	1786 S.W. 10TH ST.		2351	REET.	ADDRESS					
CITY-ST-7/P	MIAMI FL		2 4 CI	IY-S	i1-ZIP	ri.				
TITLE		☐ DELETE	3 1 TIT				[]	Change	Addition	
NAME			3.2 NA	ME						
STREET ADDRESS			33 \$11	ŒĘŦ	ADDRESS					
CITY-SI-ZIP			3.4. Ci	TY-S	T-ZIP					
1:1LF		☐ DELETE	4.1 TIT	LE.				Change	Addition	
NAME			4.2 N	ME						
STREET ADDRESS			4 3 STI	EET	ADDRESS					
CITY-ST-7:P			4.4 Df1	Y - \$1	r-zip					
TITLE		☐ DELETE	51 Trī	LE				Change	Addition	
NAME			52 NA	ME						
STREET ADDRESS			5.3 ST	REET	ADDRESS .					
CHTY-ST-ZiP			5.4 CIT		l l					
T-1LE		DELETE	6.1 TIT					Change	Addition	
NAME			6.2 NA	МЕ						
STREET ADDRESS			63.516	REFT	ADDRESS					

14. I do 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 armual 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.

6.4 CITY - ST - ZIP

SIGNATURE:

Malande Deme to HIGH OF BIGNING OFFICER OF DIRECTOR

1/7/97

305-445-9118