## FILE NOW: FILING FEE AFTER MAY 1ST IS \$

**FILED** Mar 25 1998 8:00am FLORIDA DEPARTMEN CORPORATION Sandra B. Mo Secretary of State ANNUAL REFORT Secretary of S DIVISION OF CORPO ATIONS 1998 DOCUMENT # K53089 (4) ULTRA SUPERMARKETS, INC. Principal Place of Business Mailing Address 1215 N.E. 8TH ST. 1215 N.E. BTH ST. HOMESTEAD FL 33033 HOMESTEAD FL 33033 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/21/1988 2. Principal Place of Business 4. FEI Number 2s. Mailing Address Applied For 65-0125189 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Paria Contribution Added to Fees 23 28 Zio Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent В1 BRENNAN BETHANY P.A. ADDRESS 28 W FLAGLER STREET CORRECTION 82 STE 500 **MIAMI FL 33130** 83 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.05.02 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 607.0508, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, types or printed name of registered agent and their approable CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 11 1111 TITLE ALFONSO, JUAN NAME 1.2 NAME 15800 S.W. 252 STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-7IP 1.4 CITY - ST-ZIP DELETE Change Addition TITLE 2.1 TITLE ALFONSO, JULIA ESTHER NAME 2.2 NAME 15800 S.W. 252 STREET STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-7IP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP CITY-S1-ZIF DELETE Addition Change TITLE 4 1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIF DELETE Change Addition TITLE STITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-ST-7P 5.4 CITY - ST - ZIP

6.4 CITY - ST - ZIP 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 suppliemental 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 of 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:

JUAN ALFONSO

9-1-98

305) 245-4655

**6.1 TITLE** 

6.2 NAME

6.3 STREET ADDRESS

TITLE

NAME

STREET ADDRESS

DELETE

Change

Addition