

AMENDED

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

APPROVED
AND
FILED

1997 DEC 12 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # K77805

1. Corporation Name
APECA FOOD STORE, CORPORATION

Principal Place of Business Mailing Address
6101 N.E. 4 Court Same
Miami, FL 33137

2. Principal Place of Business 2a. Mailing Address
21 SAME 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 25 29 30

3. Date Incorporated or Qualified April 5, 1989 3a. Date of Last Report
4. FEI Number 45-0117838 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
Adalberto Perez

10. Name and Address of New Registered Agent
81 Name SILVIA PEREZ
82 Street Address (P.O. Box Number is Not Acceptable) 6101 N.E. 4 Court
83
84 City Miami FL 85 Zip Code 33137

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 *Silvia Perez* 12-2-97
Signature (22a) or printed name of registered agent and title (22b) (NOTE: Registered Agent's signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTSD	☒ DELETE
NAME	ADALBERTO PEREZ	
STREET ADDRESS	6101 N.E. 4 Ct.	
CITY-ST-ZIP	Miami, FL 33137	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	☐ Change ☒ Addition
1.2 NAME	SILVIA PEREZ	
1.3 STREET ADDRESS	6101 N.E. 4 Ct.	
1.4 CITY-ST-ZIP	Miami, FL 33137	
2.1 TITLE	VP/T/D	☐ Change ☒ Addition
2.2 NAME	JORGE PEREZ	
2.3 STREET ADDRESS	6101 N.E. 4 Ct.	
2.4 CITY-ST-ZIP	Miami, FL 33137	
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 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.

SIGNATURE: *Silvia Perez* 12-2-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRESIDENT + Director

CR034 19/96