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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L02825

1. Corporation Name

NORTH SIDE SUPERMARKET, INC.

Principal Place	of Business	Mailing Address			-			
C/O FLOR VASQUEZ		C/O FLOR VASOUEZ 7990 NORTHWEST 32ND AVENUE MIAMI FL 33147-4616						
7990 NORTHWEST 32ND AVENUE				DO NOT WRITE IN THIS SPACE				
MIAMI PL 33147-4616				3. Date Incorporated or Qualifed				
						07/20/1989		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26			65-0135440		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5 Cortifects of Status Paginad \$8.75 Additional				
22		27		5. Certificate of Status Desired . Fee Required				
City & State		City & State		6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution		ed to Fees
Zip	Country	Zip		untry		8. This corporation owes the current year Intan	ngible Yes	□No
24	25	29	30			Personal Property Tax. 10. Name and Address of New Registered Ag		
ļ	9. Name and Address of Current	t Registered Agent		81	Name	IV. Name and Address of New Registered Ag	Aetir	
VAS	QUEZ, FLOR							
	NORTHWEST 32ND AVENUE			82	Street Addre	t Address (P.O. Box Number is Not Acceptable)		
	MI FL 33147			83	 -—-			
)				84	City	FL	85 Z	ip Code
11 Pursuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statu	tes, the a	above	e-named corpo	pration submits this statement for the purpose of ch	nanging	its registered
I office or r	egistered agent or both, in the State o	of Florida. Such change was a	authorize	o by	the corporation	n's board of directors. I hereby accept the appoint	ment as	registered
1	m familiar with, and accept the obligat	gons of, Section 607.0505, Fit	onda Sta	ilules.	-			
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable. (NOT	E: Registere	d Agen	t signature required	when reinstating) DATE]
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN		E: Registere	<u> </u>	t signature required	ADDITIONS/CHANGES TO OFFICERS AND		
			13.	<u> </u>	t signature required	ADDITIONS/CHANGES TO OFFICERS AND	DIREC	
12.	OFFICERS AN	D DIRECTORS	13.		t signature required	ADDITIONS/CHANGES TO OFFICERS AND		
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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 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, with all other like empowered.

6.3 STREET ADORESS

SIGNATURE: 🕭

STREET ADORESS CITY-ST-ZIP 35.

305-691-4468