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 # L25933

A & C GROCERY, INC.

22

23

24

FILED									
Apr 10 1997 8:00am									
Secretary of State									

3035 SW 98TH CT 7777 NW 17TH AVE MAMI FL 33165 US 2. Principal Place of Business 2. Analing Address 2. Principal Place of Business 3. Date Incorporated or Qualified 10/26/1989 3. Date Incorporated or Qualified 10/26/1989 4. FEI Number Applied For Not Applied For Not Applied For Suite. Apr. #, etc. 5. Suite. Apr. #, etc. 5. Certificate of Status Desired 58.75 Additional Fee Required City & State 5. Certificate of Status Desired 58.75 Additional Fee Required City & State 6. Election Campaign Financing Address 7. This corporation has liability for intangible tax under s. 199.032. Florida Statutes 7. Florida Statutes 7. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 7. Street Address (P.O. Box Number is Not Acceptable) The Street Address (P.O. Box Number is Not Acceptable) The Street Address (P.O. Box Number is Not Acceptable) The Street Address of Sections 607.0502 and 607.1508. Florida Statutes boxen emed corporation submits this statement for the purpose of changing its registered agent. The familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE 1. Parasient to the provisions of Sections 607.0502 and 607.1508. Florida Statutes the submirized by the corporation's board of directors. I hereby accept the appointment as registered agent. The familiar with, and accept the obligations of, Section 607.0505, Florida Statutes 1. Submit Agent Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	Adol	unocent, iiio.								
MIAMI FL 33165 MIAMI FL 33165-2992 MIA	Principal Place of Business Mailing Address					(INDIVIDII DID 1600) DISIN EBIRA 11300 LUIY DSDYL CIDIS OLDII DYDYI DIBIY UNDI				
10/26/1989 04/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applied For State 26 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Trust Fund Contribution Added to Fees 29 Sp. Priorida Statutes 25 Street Address of New Registered Agent CASANAS, MANUEL E. 3035 SW 98TH CT MIAMI FL 33165 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 10 Sp. Priorida Statutes 25 Sp. Priorida Statute	3035 SW 98TH CT 7777 NW 17TH AVE MIAMI FL 33165 US		7777 NW 17TH AVE	7777 NW 17TH AVE MIAMI FL 33165-2962						
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Zip Country Zip Zip Zip Zip Zip Zip Zip Zi			US							
City & State Country C	2. Principal F	lace of Business	hen "	} · · · ¬			1			
Trust Fund Contribution Added to Fees Zip Country 2p 30 Florida Statutes Yes No 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 CASANAS, MANUEL E. 3035 SW 98TH CT MIAMI FL 33165 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) FL 65 Zip Code 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 are familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE 1. Name Trust Fund Contribution	Suite, Apt	#. etc	<u></u> -				5. Certificate of Status Desired		4	
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, and accept the obligations of, Section 607.0505, Florida Statutes. 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 Signatur	City & Stal	te:	ł							
S. Name and Address of Current Registered Agent CASANAS, MANUEL E. 3035 SW 98TH CT MIAMI FL 33165 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City FL 85 Zip Code 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 agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE S. S. Not. Tigo of the colored agent and filled agendable (NOTE Registered Agent signature required when reinstating) DATE	Ζιρ [4]	f	in the second	······ ′						
3035 SW 98TH CT MIAMI FL 33165 82 Street Address (P.O. Box Number is Not Acceptable) 83 FL Street Address (P.O. Box Number is Not Acceptable) 84 City FL Street Address (P.O. Box Number is Not Acceptable) 85 Zip Code 11. Prusuant 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 State type of repositions agent and title of applicable (NOTE Registered Agent signature required when renstating) DATE	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
MIAMI FL 33165 83 84 City FL 85 Zip Code 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature required when reinstating) DATE	CASANAS, MANUEL E.				81	Name -				
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 agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I are familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature required when repstating) DATE					82					
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 are familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Such transfer of the object of t										
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 are familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Such as the product of the content of the content agent with title of applicable. (NOTE Registered Agent signature required when renstating). DATE					84	City		FL	85 Zip Code	
Signature required share of the globaled agent and title if ageingable (NOTE: Registered Agent signature required when reinstating) DATE	office or	registered agent, or both, in the Sta	ite of Florida. Such change	was authorize	d by	the corporation	oration submits this statement for the p on's board of directors. I hereby accep	urpose of of the appo	changing its registered pintment as registered	
	SIGNATURE	ignation of the many security assesses,								
	12.				a Age					

office or registered agent, or both in the State of Florida. Such change was authorized by the corpolagent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE so, his cityped or professional each registered agent and title if applicable (NOTE Registered Agent signature re 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE 1.116 CASANAS, MANUEL E. NAME 1.2 NAME 3035 SW 98TH CT STEEL LADDRESS 1.3 STREET ADDRESS miami fl 1.4 CITY - ST - ZIP CITY-5"-712 DELETE ☐ Change Addition VD 2.1 TITLE THILE CASANAS, ALICIA 2.2 NAME NAV 3035 SW 98TH CT STREET ADDRESS 2 3 STREET ADDRESS MIAMI FL 2 4 CITY - ST - ZIP CHY-ST-Z0 DELETE Addition 31 TITLE Change 1000 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP OTY St. 20 Change DELETE 4.1 TIFLE Addition TITLE 4. 2 NAME NAM 4.3 STREET ADDRESS STREET ACORESS 4.4 CITY-ST-ZIP CHY-ST ZIP DELETE Change Addition THE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS 5.4 DITY-ST-ZIP City ST-ZP DELETE 61 TITLE Change Addition Litte 6.2 NAME NAME 6.3 STREET ADDRESS STEEL ADORESS 64 CHTY-ST-ZIP

14. Too 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 comporation 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

SIGNATURE: