

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # L32459 (4)
1. Corporation Name
GOODWAY SUPERMARKET #2, INC.



Principal Place of Business
**12010 N. MIAMI AVE
MIAMI FL 33168-4521**

Mailing Address
**12010 N. MIAMI AVE
MIAMI FL 33168-4521**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/29/1989	3a. Date of Last Report 06/19/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 60-1000400 65-0216789	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

**PEREZ, ROBERTO L
12010 N MIA AVE
MIAMI FL 33167**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when first filing.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	PT
NAME	PEREZ, ROBERTO	1.2 NAME	DALBINA Perez
STREET ADDRESS	14865 SW 39 CT	1.3 STREET ADDRESS	4140 SW 134 AVE
CITY-ST-ZIP	MIRAMAR FL	1.4 CITY-ST-ZIP	MIAMI FLA 33175
TITLE		2.1 TITLE	S
NAME		2.2 NAME	ROBERTO Perez
STREET ADDRESS		2.3 STREET ADDRESS	1643 MAYO STREET
CITY-ST-ZIP		2.4 CITY-ST-ZIP	HOLLYWOOD FL 33020
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(5)(k), Florida Statutes. I further certify that the information included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

(Signature of Roberto L. Perez)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/96 (305) 757-1788

CR2E034 (3/96)