

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.  
AMOUNT DUE ON OR BEFORE 8/9/96: \$228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$378)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

1995 JUL 11 AM 9:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L40822 (3)**  
1. Corporation Name  
**SAFeway PURCHASING CONSTRUCTION CO., INC.**

Principal Place of Business Mailing Address  
**10505 S.W. 52 TERRACE MIAMI FL 33165**

DO NOT WRITE IN THIS SPACE.

|                                |  |                        |  |   |                         |
|--------------------------------|--|------------------------|--|---|-------------------------|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified   | 3a. Date of Last Report |
| 21                             |  | 26                     |  | 01/03/1990  | 06/27/1994              |
| 22 Suite, Apt. #, etc.         |  | 27 Suite, Apt. #, etc. |  | 4. FEI Number   | Applied For             |
| 23 City & State                |  | 28 City & State        |  | 65-0172478  | Not Applicable          |
| 24 Zip                         |  | 29 Country             |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required   |                         |
| 25                             |  | 30                     |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees   |                         |
|                                |  |                        |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                         |

|   |  |  |  |  |  |    |    |
|---|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent               |  |  |  | 10. Name and Address of New Registered Agent |  |    |    |
| SARMIENTO, MANUEL A.<br>10505 S.W. 52 TERR.<br>MIAMI FL 33165 |  |  |  | 81   | Name   |    |    |
|   |  |  |  | 82   | Street Address (P.O. Box Number Is Not Acceptable) |    |    |
|   |  |  |  | 83   |  |    |    |
|   |  |  |  | 84   | City   | FL | 85 |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|----------------------|---|---|
| TITLE                      | PD                   | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SARMIENTO, MANUEL A. | 1.2 NAME  |   |
| STREET ADDRESS             | 10505 S.W. 52 TERR.  | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | MIAMI FL             | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | VTD                  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SARMIENTO, ISABEL M. | 2.2 NAME  |   |
| STREET ADDRESS             | 10505 S.W. 52 TERR.  | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | MIAMI FL             | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                      | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 3.2 NAME  |   |
| STREET ADDRESS             |                      | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                      | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 4.2 NAME  |   |
| STREET ADDRESS             |                      | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                      | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                      | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 5.2 NAME  |   |
| STREET ADDRESS             |                      | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                      | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 noted in Section 110.07(3)(b), 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: Manuel A. Sarmiento MANUEL A. SARMIENTO 7-5-95 305-PP7-4VPS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Florida)

CR2E094 (3/95)