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

**PROFIT** CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L84904

(6)

HAITI SUPERMARKET, INC.

Mailing Address Principal Place of Business C/O ERNST LUCIUS 4340 NW 3RD PLACE 300 W SUNRISE BLVD. #13 FT. LAUDERDALE FL 33317-2740 FT. LAUDERDALE FL 33311 3. Date Incorporated or Qualified 3a. Date of Last Report 06/29/1990 05/01/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0200916 26 Not Applicable Suite Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Żφ Country Zφ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 24 25 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LUCIUS, ERNST 300 W SUNRISE BLVD. 62 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33311 63 84 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. reflect name of registered agent and little P applicable SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TILE 1.1 TITLE Change Addition D NAME LUCIUS, ERNST 1.2 NAME 300 W SUNRISE BLVD. STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-1.4 CITY - ST-ZIP DELETE TilkE 2.1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIE 2. 4 CITY - ST-ZIP DELETE THUE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - 7IP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS OHV-51-7/2 5.4 CITY-ST-ZIP DELETE mue 6.1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

CPY-\$1-761

14. I do hereby cortify 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 eath; 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.

**FILED** 

May 15 1997 8:00am

Secretary of State