

AMENDMENT TO ANNUAL REPORT
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

FILED

96 OCT 21 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M04315

1. Corporation Name

ZUBI SUPERMARKET, INC.

Principal Place of Business

Mailing Address

5700 N.W. 2nd Avenue
Miami, Florida 33127

3. Date Incorporated or Qualified
8/22/1984

3a. Date of Last Report
3/22/96

4. FEI Number
59-2446221

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 2701 S. BAYSHORE DRIVE

22 City & State

27 Suite, Apt. #, etc.
#310

23 Zip Country

28 Miami, Fl.

24 Zip Country

29 33133 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZUBIGARAY, JOSE A.
14027 S.W. 22nd Street
Miami, Fl. 33179

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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. 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME ZUBIGARAY, JOSE A.
STREET ADDRESS 5700 NW 2nd Avenue
CITY-ST-ZIP Miami, Fl. 33127 ☐ DELETE

TITLE DST
NAME ZUBIGARAY, IBIA
STREET ADDRESS 5700 NW 2nd Avenue
CITY-ST-ZIP Miami, Fl. 33127 ☐ DELETE

TITLE VP
NAME ZUBIGARAY, MARIA M.
STREET ADDRESS 5700 NW 2nd Avenue
CITY-ST-ZIP Miami, Fl. 33127 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D/P
12 NAME ZUBIGARAY, JOSE A.
13 STREET ADDRESS 5700 NW 2nd Avenue
14 CITY-ST-ZIP Miami, Fl. 33127 ☐ Change ☐ Addition

21 TITLE D/S/T
22 NAME ZUBIGARAY, IBIA
23 STREET ADDRESS 5700 NW 2nd Avenue
24 CITY-ST-ZIP Miami, Fl. 33127 ☐ Change ☐ Addition

31 TITLE
32 NAME ☐ Change ☐ Addition
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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(3)(k), 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOSE A. ZUBIGARAY, President

10/09/96

Date

Daytime Phone #

CR2E034 (3/96)