

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 3: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # M12932 (3)**

1. Corporation Name  
**VIRGEN MILAGROSA SUPERMARKET, INC.**

Principal Place of Business Mailing Address  
**1036 S.W. 1 ST.  
MIAMI FL 33130** **1036 S.W. 1 ST.  
MIAMI FL 33130**

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified **03/20/1985** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address  
21 **1036 S.W. 1 ST.** 26

4. FEI Number **59-2529739** Applied For  
Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

22 City & State 27 City & State  
**MIAMI FLA.**

6. Election Campaign Financing  
Trust Fund Contribution  **\$5.00 May Be  
Added to Fees**

24 Zip 25 Country 29 Zip 30 Country  
**33130 US.**

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

**FLORIDA ANNUAL REPORT SERVICE/CANTERA &  
ASSOCIATES INC.  
1036 S.W. 1 ST.  
MIAMI FL 33130**

81 Name **FLORIDA ANNUAL REPORT SERVICES INC.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1036 S.W. 1ST.**

83

84 City **MIAMI**

85 Zip Code **FL 33130**

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]*  
Signature (typed or printed name of registered agent and zip code)

**AMADA C. LOPEZ, PERS**  
NOTE: Registered Agent signature required when reappointing

**4/27/95**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**  
NAME **UGALDE, JOSE**  
STREET ADDRESS **3841 S.W. 8TH STREET**  
CITY, ST, ZIP **MIAMI FL**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY, ST, ZIP

**6000014741415**  
**-05/03/95--01153--004**  
**\*\*\*\*200.00 \*\*\*\*200.00**

TITLE **S**  
NAME **MIQUEO, FAUSTINO**  
STREET ADDRESS **3841 S.W. 8TH STREET**  
CITY, ST, ZIP **MIAMI FL**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY, ST, ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY, ST, ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY, ST, ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY, ST, ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY, ST, ZIP

Change  Addition

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 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/95**  
DATE

**305) 5458686**  
Telephone Number

**JOSE UGALDE**