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96 MAY -1 PM 2:55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # **M12932 (3)**

1. Corporation Name
VIRGEN MILAGROSA SUPERMARKET, INC.

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

Mailing Address: **1036 S.W. 1 ST. MIAMI FL 33130**

2. Principal Place of Business

21 **2300 CORAL WAY**

22 Suite, Apt. #, etc.

23 **MIAMI FLORIDA,**

24 **33145**

25 **US.**

2a. Mailing Address

26 **2300 CORAL WAY**

27 Suite, Apt. #, etc.

28 **MIAMI FLORIDA,**

29 **33145**

30 **US.**

3. Date Incorporated or Qualified: **03/20/1985**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2529739**

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

9. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICES INC
1036 S.W. 1 ST.
MIAMI FL 33130**

10. Name and Address of New Registered Agent

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

82 Street Address (P.O. Box Number is Not Acceptable): **2300 CORAL WAY SUITE # 200**

83

84 City: **MIAMI**

85 Zip Code: **FL 33145**

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. Thereby accept the appointment as registered agent. I am familiar with, and attest the contents of, this report.

SIGNATURE: *[Signature]* **AMADA CANTERA LOPEZ, PRES** **3/15/96**

12. OFFICERS AND DIRECTORS

1. TITLE: **P** DELETE

2. NAME: **UGALDE, JOSE**

3. STREET ADDRESS: **3641 S.W. 8TH STREET**

4. CITY-ST-ZIP: **MIAMI FL**

5. TITLE: **S** DELETE

6. NAME: **MIQUEO, FAUSTINO**

7. STREET ADDRESS: **3641 S.W. 8TH STREET**

8. CITY-ST-ZIP: **MIAMI FL**

9. TITLE: DELETE

10. NAME:

11. STREET ADDRESS:

12. CITY-ST-ZIP:

13. TITLE: DELETE

14. NAME:

15. STREET ADDRESS:

16. CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: **P/D. UGALDE JOSE** Change Addition

12 NAME: **3641 S.W. 8th Street**

13 STREET ADDRESS: **Miami Florida.**

14 CITY-ST-ZIP:

21 TITLE: **S/T/D.UGALDE MARIA R.** Change Addition

22 NAME: **3641 S.W. 8th Street**

23 STREET ADDRESS: **Miami Florida.**

24 CITY-ST-ZIP:

31 TITLE:

32 NAME: **600001813436**

33 STREET ADDRESS: **-05/08/96--01060--028**

34 CITY-ST-ZIP: *****200.00 ***200.00**

41 TITLE:

42 NAME:

43 STREET ADDRESS:

44 CITY-ST-ZIP:

51 TITLE:

52 NAME:

53 STREET ADDRESS: **29513**

54 CITY-ST-ZIP:

61 TITLE:

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X *[Signature]* **JOSE UGALDE**

X *[Signature]* **Maria R Ugalde** **3/15/96**

CR2E034 (12/95)