

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

**APPROVED
AND
FILED**

97 APR 30 PM 1:41

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # M12932 (3)

1. Corporation Name
VIRGEN MILAGROSA SUPERMARKET, INC.



| | |
|---|--|
| Principal Place of Business 2300 CORAL WAY MIAMI FL 33145 | Mailing Address 2300 CORAL WAY MIAMI FL 33145-3511 |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 03/20/1985 | 3a. Date of Last Report 05/01/1986 |
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|---|--|--|---------------------------------------|
| 2. Principal Place of Business 21 2300 CORAL WAY Suite, Apt. #, etc. | 2a. Mailing Address 26 2300 CORAL WAY Suite, Apt. #, etc. | 4. FEI Number 59-2529739 | Applied For Not Applicable |
| 22 # 200 City & State | 27 # 200 City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 MIAMI FLORIDA Zip Country | 28 MIAMI FLORIDA Zip Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 33145 25 US | 29 33145 30 US | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|---|--|---|-----------------------|
| 9. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICES INC 2300 CORAL WAY #200 MIAMI FL 33145 | | 10. Name and Address of New Registered Agent | |
| | | 81 Name | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83 | |
| | | 84 City | 85 Zip Code FL |

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE:  **AMADA CANTERA LOPEZ, PRES** DATE: **4/24/97**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|---|
| TITLE | NAME | 1.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| STREET ADDRESS | 3641 S.W. 8TH STREET | 1.2 NAME | |
| CITY-ST-ZIP | MIAMI FL | 1.3 STREET ADDRESS | 200002162982-7 |
| TITLE | STD | 1.4 CITY-ST-ZIP | -05/02/97-01047-012 |
| NAME | UGALDE, MARIA A | 2.1 TITLE | ***165.00 ***165.00 |
| STREET ADDRESS | 3641 S.W. 8TH STREET | 2.2 NAME | |
| CITY-ST-ZIP | MIAMI FL | 2.3 STREET ADDRESS | |
| TITLE | | 2.4 CITY-ST-ZIP | |
| NAME | | 3.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| STREET ADDRESS | | 3.2 NAME | |
| CITY-ST-ZIP | | 3.3 STREET ADDRESS | |
| TITLE | | 3.4 CITY-ST-ZIP | |
| NAME | | 4.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| STREET ADDRESS | | 4.2 NAME | |
| CITY-ST-ZIP | | 4.3 STREET ADDRESS | |
| TITLE | | 4.4 CITY-ST-ZIP | |
| NAME | | 5.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| STREET ADDRESS | | 5.2 NAME | |
| CITY-ST-ZIP | | 5.3 STREET ADDRESS | |
| TITLE | | 5.4 CITY-ST-ZIP | |
| NAME | | 6.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| STREET ADDRESS | | 6.2 NAME | APR 30 |
| CITY-ST-ZIP | | 6.3 STREET ADDRESS | |
| | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify 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 oath; that I am an officer or director of the corporation or the transferor 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 in an attachment with an address.

SIGNATURE:  **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0202871**

CR2E034 (9/96)