


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

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AND  
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98 APR 24 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # M12932 (3)</b> 1. Corporation Name <b>VIRGEN MILAGROSA SUPERMARKET, INC.</b>		



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>2300 CORAL WAY #200 MIAMI FL 33145</b>	Mailing Address <b>2300 CORAL WAY #200 MIAMI FL 33145</b>
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2. Principal Place of Business 21 <b>2300 CORAL WAY</b> Suite, Apt. #, etc. 22 <b>SUITE #200</b> City & State 23 <b>MIAMI, FLORIDA</b> Zip Country 24 <b>33145</b> 25 <b>U.S.</b>		2a. Mailing Address 26 <b>2300 CORAL WAY</b> Suite, Apt. #, etc. 27 <b>SUITE #200</b> City & State 28 <b>MIAMI, FLORIDA</b> Zip Country 29 <b>33145</b> 30 <b>U.S.</b>		3. Date Incorporated or Qualified <b>03/20/1985</b>	4. FEI Number <b>59-2529739</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>FLORIDA ANNUAL REPORT SERVICES INC 2300 CORAL WAY #200 MIAMI FL 33145</b>				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 <b>FL</b>			
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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 for both 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 agree to the provisions of Section 607.0505, Florida Statutes.

SIGNATURE  **AMADA CANTERA LOPEZ/PRES.**  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PO	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>UGALDE, JOSE</b>			1.2 NAME			
STREET ADDRESS	<b>3841 S.W. 8TH STREET</b>			1.3 STREET ADDRESS	<b>800002504018-- 1</b>		
CITY-ST-ZIP	<b>MIAMI FL</b>			1.4 CITY-ST-ZIP	<b>-04/28/98--01122--009</b>		
TITLE	STD	<input type="checkbox"/> DELETE		2.1 TITLE	<b>****150.00 ****150.00</b>		
NAME	<b>UGALDE, MARIA A</b>			2.2 NAME			
STREET ADDRESS	<b>3841 S.W. 8TH STREET</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL</b>			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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 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. I am attaching with an address.

SIGNATURE  **JOSE UGALDE** **4/21/98**

CR2E034 (10/97)