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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000033924 (0)

ROLAND SUPERMARKET, INC.

APPROVED

97 APR 30 PM 2: 33

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business 2300 CORAL WAY MIAMI FL 33145		Mailing Address 2300 CORAL WAY MIAMI FL 33145-3511				
:					3. Date Incorporated or Qualified 05/10/1993	3a. Date of Last Report 05/01/1996
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
	CORAL WAY	26 2300 CORAL WAY			65-0408350	Not Applicable
Suite, Apt. 22 # 200	#, BIC.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22 # 200 City & State		27 # 200 City & State			Fee Required	
23 MIAMI FLORIDA		F-3 ′			6. Election Campaign Financing	\$5.00 May Be
Zip	AMI FLORIDA 28 MIAMI FLORIDA Zip			Country R This corporation has liability for integrible to		L.J Added to Fees
Zip 33145	US US	33145	30 ŬŜ	in y	This corporation has liability for in Florida Statutes	
	9. Name and Address of Curren	(F7)			10. Name and Address of New Re	Yes No
				81 Name		
2300 CORAL WAY			ļ			
#20				82 Street Add	Iress (P.O. Box Number is Not Acceptab	le)
	MI FL 33145			83		
					·	
-				84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.2508. Florida Sta	atutes, the at	ove-named cor	poration submits this statement for the p	Livrose of changing its registered
office of T	egistered agent of both, in the State	of Florida, Such challige w	as authorized	by the corpora	poration submits this statement for the patients board of directors. I hereby acceptation's	of the appointment as registered
•		GOODS OF RECTION BUY .0505	, Florida Sian AMAT\A	JUGS. CANTEDDA	LOPEZ, PRES //)	
SIGNATURE	Signalure, lynus or ponted theme of registered age!	it and the it applicants to	איניאינית NO16 Registered	Agent signature reau	ired when reinstating)	7,000
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TIFLE	PD	DELETE	15 15 THUE			Change Addition
NAME	RUBIO, NOEL		1.2 NA	ME		
STREET ADDRESS	12114 S.W. 94 TERRACE		1.3 \$1	REET ADDRESS	•	,
CITY-ST-ZIP	MIAMI FL 33186		1.4 CH	Y-ST-ZIP		
TAILE	STD	DELETE	2.1 ไป	Lf		Change Addition
NAME	RUBIO, OLIVIS		. 2.2 NA	ME		
STREET ADDRESS	12114 S.W. 94 TERRACE		2.3 \$1	REE1 ADDRESS		
CTY-ST-ZIP	MIAMI FL 33188		2 4 Cli	IY-S1-ZIP		
TITLE		DLLETE	3.1 T(T	l F		Change Addition
NAME			3.2 NA	Mf	5000021	RANAS
STREET ADDRESS			3.3 ST	REET ADDRESS	-05/02/	9701114nng
CITY-ST-ZIP			3.4 CI	IY-S1-ZIP	****16	.640458 9701114009 5.00_****165,00
TITLE		DELETE	4 1 TIT	LE		Change Addition
NAME			4 2 NA	ме		
STREET ADDRESS			4 3 S1	RELI ADDRESS		
CITY-ST-ZIP			4 4 0 (1	Y-ST-ZIP		
TITLE		DELETE	5.1 7(1)			Change Addition
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 S1F	REE1 ADDRESS	1-7	
CITY-ST-ZIP			5.4 CIT	Y - ST - 7(P	Pormisso	
TITLE		DELETE	6.1 1 1	.f	De Anna	Change Addition
NAME			6.2 NA	Vξ	1	
STREET ADDRESS			6.3 SH	REET ADDRESS		
CITY-ST-ZIP			6.4 CIT	Y-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 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 on an attachment with an address