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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARIMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000043279 (7)

FOOD LAND SUPERMARKET NO. 6, INC.

Principal Place of Business

Mailing Address

8715 N.W. 7TH STREET

5715 N.W. 7TH STREET MIAMI FL 33126-3105

FILED Feb 11 1997 8:00am Secretary of State



MIAMI FL 8312	6	MIAMI FL 33128-3105						
					06/18/1993 . 01/3		ate of Last Report 30/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number		Ap	plied For	
21		26			65-0422896			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	е	City & State		i	Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
Zip 24	Country 25	Ζ(p)	Gounti 30	У	8. This corporation has liability for Elorida Statutes	intangible tax] Yes		199.032,
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re	gistered Age	nt	
MAF	RQUEZ, JOSE M		8	Name				,
	N.W. LEJEUNE ROAD		8:	Street Add	dress (P.O. Box Number is Not Acceptab	ale)		
MIAI	MI FL 33126			l	drobb (1.0. box rismost to type riscophac			
			8:	3				
•			84	City		FL 8	5 Zip C	Jode
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig	02 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, F	itos, the aborauthorized to	ve-named co by the corporates.	rporation submits this statement for the patients at a statement for the patients acceptation and the patients are provided in the patients and the patients are provided in the patients are particularly acceptable to the patients are patients and the patients are patients are patients and the patients are patients and the patients are patients are patients and the patients are patients are patients and the patients are patients are patients are patients are patients are patients. The patients are patients and the patients are patients are patients are patients are patients are patients. The patients are patien	urpose of cha of the appoint	anging its	registered registered
SIGNATURE	Signature, typed or printed nanio of registered age	ent and title it applicable. (NO	1[. Registered A	gent signature req	whed when reinstating)	DATÉ		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	D	☐ DELETE	1.1 THLE				Change	Addition
NAME	RODRIGUEZ, FERNANDO		1.2 NAME					
STREET ADDRESS	5715 N.W. 7TH ST.		13 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL 33126	D Bry CTC	1.4 CHY-	ST-ZIF		·	- 	T dans.
TITLE	D Marcelo, Ortelio	☐ DELFTE	2.1 Trīlē			LJ	Change	Addilion
NAME	10400 S.W. 127TH AVE.		2 2 NAME					
STREET ADDRESS	MIAMI FL 33186		. I	1 ADDRESS				
CITY-ST-ZIP TITLE	William I L 30100	DELETE	2. 4 CITY 3.1 TITLE	-SI-ZIP			Change	Addition
NAME		<u> </u>	3.2 NAME	İ		L	CHango	
STREET ADDRESS			8	1 ADDRESS				
CITY-ST-ZIP			3.4. CITY					
TITLE		DELETE	4.1 THLE				Change	Addition
NAME			4. 2 NAM	Ε			-	
STREET ADDRESS			4.3 STRE	1 ADDRESS				
CITY-ST-ZIP			4.4 CITY -	ST-ZIP				
TITLE		DELETE	5.1 10116		print first grow with arms of the store arms		Change	Addition
NAME			5.2 NAME		60000208 -02/12/970112	araiat Canac		
STREET ADDRESS			5.3 STREE	1 ADDRESS	***165.00	JU4J		
CITY-ST-ZIP		· ···	54 CHY-	ST-7IP	***100.00			
TITLE		DELETE	6.1 TRUE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STRE	T ADDRESS		1/h	2 ^	11
OITY OF THE			64.000	07 7/0		V (ソク	- 11

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, or on an attachment with an address.