

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 29 AM 8:52

DOCUMENT # P93000057780 (7)

1. Corporation Name

WEST KENDALL SUPERMARKET INC.

Principal Place of Business

14814-20 KENDALL DRIVE
MIAMI FL 33186

Mailing Address

14814-20 KENDALL DRIVE
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/12/1993

3a. Date of Last Report

04/14/1994

4. FEI Number

65-0459109

Applied For

Not Applicable

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

VALDES, ANSELMO
13351 S.W. 47TH ST.
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name

DINIS GILBERTO GABRIEL

82 Street Address (P.O. Box Number Is Not Acceptable)

8912 S.W. 159 Place

83

Miami

84 City

FL

85

Zip Code
33193

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and this date)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	VALDES, ANSELMO
STREET ADDRESS	% 13351 S.W. 47TH ST.
CITY - ST - ZIP	MIAMI FL 33175
TITLE	SVD
NAME	VALDES, ANA -
STREET ADDRESS	% 13351 S.W. 47TH ST.
CITY - ST - ZIP	MIAMI FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PTD	☒ Change ☐ Addition
12 NAME	DINIS GILBERTO GABRIEL	
13 STREET ADDRESS	8912 S.W. 159 Place	
14 CITY - ST - ZIP	Miami, Florida 33193	
21 TITLE	SVD	☒ Change ☐ Addition
22 NAME	GONGALVES JOAO	
23 STREET ADDRESS	16082 S.W. 85 St.	
24 CITY - ST - ZIP	Miami, Florida 33193	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		☐ Change ☐ Addition
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 110.07(3)(b), 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 registered trustee; and that I executed 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 no changes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #