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

CORPORATION ANNUAL REPORT

1996



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

P93000067248 (3) **DOCUMENT #**

THREE STARS SUPERMARKET CORPORATION

Principal Place	of Business	Mailing Address			
9201 N.W. 22 MIAMI FL 33	•	9201 N.W. 22ND AVE MIAMI FL 33140			
- 5)				 Date Incorporated or Qualified 09/28/1993 	3a. Date of Last Report 05/01/1995
2. Principal Place of Business		2a. Mailing Address		4. FE) Number	Applied For
Suite, Apt. #, etc.		Suite, Apl. #, etc.		NOT APPLICABLE	Not Applicable
22		27		Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zφ	Gountry	- 2φ 	Country	8. This corporation has liability for	
24	25 25 Name and Address of Curr	29 Perilstered Apont	30		□No
· · · · · · · · · · · · · · · · · · ·	6. Thanks and readings of Odil		81 Name	10. Name and Address of New R	legistered Agent
SCHULT	Z, TIMOTHY				
9201 N.W. 22ND AVE.			82 Street A	Address (P.O. Box Number is Not Acceptab	le)
MIAMI FL 33147			83		
			84 City		FL 85 Zip Code
familiar with	n, and accept the obligations of, Sc	ction 607.0505, Florida Statutes	'ed by the comoration's b	rporation submits this statement for the pur board of directors. I hereby accept the appo	pose of changing its registered office bintment as registered agent. I am
	Signature, typical or priored it are of registerned age		Oth: Registeren Agent signature re		DATE
12.	0	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
NAME	SCHULTZ, TIMOTHY	[Dittil	1. 1 THILE 1.2 NAME		Change Addition
STREET ADDRESS	9201 NORTHWEST 22 AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY+ST-ZIP		
TITLE		DELETE	2 1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY - ST - ZIP		
TITLE		DELETE	3. 1 T/TLF		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
CITY - ST - ZIP		El perti	3.4 CITY - ST - ZIP		
TITLE		☐ DELETE	4. 1 TILLE		Change Addition
NAME STORES ADDRESS			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		i
CITY-ST-ZIP TITLE		DELETE	4.4 C(TY - ST - Z)P 5 1 TITLE		F3.05 F3.4.05
NAME		L.J Detere	5.2 NAME		Change Addition
STREET ADDRESS					
CITY-S1-ZIP			5 3 STREET ADDRESS 5 4 CHY-ST-ZIP		•
TITLE		[] DELFTE	6 3 THILE		Change Addition
NAME		<u>. </u>	62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 C/TY - ST - Z/P		
oath; that i	certify that the information supplied the information indicated artifuls and am an officer or director of the corp Block 12 or Block 13 if changed, or	oration of the receiver or trister	ished and dees not quali ual report is true and acc e employered to execute	fy for the exemption stated in Section 119.0 urate and that my signature shall have the this report as required by Chapter 607, Fic	07(3)(k), Florida Statutes. I further same legal effect as if made under rida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTUR

5-6-96 691-1908