

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000002112 (8)

1. Corporation Name

V.C. GROCERY & MEAT MARKET INC.

**APPROVED
AND
FILED**

95 MAY -1 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4051 SW 40 AVE
PEMBROKE PARK FL 33023

Mailing Address

4051 SW 40 AVE
PEMBROKE PARK FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1994

3a. Date of Last Report

2. Principal Place of Business

21 1036 S.W. 1 ST.

2a. Mailing Address

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

MIAMI FLA.

28 City & State

24 Zip

33130

25 Country

US

29 Zip

30 Country

4. FEI Number

65-0457532

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

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICE
1036 SW 1 ST
MIAMI FL 33130-1094

10. Name and Address of New Registered Agent

81 Name
FLORIDA ANNUAL REPORT SERVICES INC.

82 Street Address (P.O. Box Number is Not Acceptable)
1036 S.W. 1 ST.

83

84 City
MIAMI

FL

85 Zip Code
33130

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 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 a resident of, the State of Florida.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

AMADA C. LOPEZ, PRES

(NOTE: Registered Agent signature required when registering)

DATE

4/27/95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
PRES
CABREJO, VICTOR J
11010 SW 154 ST
MIAMI FL 33157

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

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP
11 Change ☐ Addition ☐
8000001474118
-05/03/95--01153--005
****200.00 ****200.00

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP
Change ☐ Addition ☐

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP
Change ☐ Addition ☐

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP
Change ☐ Addition ☐

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP
Change ☐ Addition ☐

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP
Change ☐ Addition ☐

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 119.07(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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTOR J. CABREJO

Date

Typed Name