

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 30 11 51 AM

DOCUMENT # **P94000016835 (8)**

1. Corporation Name
CASTEL SUPERMARKET, INC.

Principal Place of Business
~~3050 WEST BROWARD BLVD.~~
FORT LAUDERDALE FL 33312

Mailing Address
~~3050 WEST BROWARD BLVD.~~
FORT LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/28/1994

3a. Date of Last Report

2. Principal Place of Business
21 **1429 N.E. 4th AVENUE**

2a. Mailing Address
26 **1429 N.E. 4th AVENUE**

4. FEI Number
65-0471403

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 **FORT LAUDERDALE, FL**

28 **FORT LAUDERDALE, FL**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip **33304** 25 Country **U.S.A.**

29 Zip **33304** 30 Country **U.S.A.**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACOB, GABRIEL
~~3050 WEST BROWARD BLVD.~~
FORT LAUDERDALE FL 33312

81 Name **JACOB GABRIEL**
82 Street Address (P.O. Box Number is Not Acceptable)
1429 N.E. 4th AVENUE
83
84 City **FORT LAUDERDALE, FL** 85 Zip Code **33304**

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **JACOB, GABRIEL**
STREET ADDRESS **3050 W. BROWARD BLVD.**
CITY, ST, ZIP **FORT LAUDERDALE FL 33312**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **1429 N.E. 4th AVENUE**
1.4 CITY, ST, ZIP **FORT LAUDERDALE, FL 33304**

TITLE **STD**
NAME **JACOB, CELISENA E**
STREET ADDRESS ~~3050 W. BROWARD BLVD.~~
CITY, ST, ZIP **FORT LAUDERDALE FL 33312**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS **1429 N.E. 4th AVENUE**
2.4 CITY, ST, ZIP **FORT LAUDERDALE, FL 33304**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 119.07(3)(k), 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:

Jacob Gabriel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-24-95
DATE

305-581-6003
TELEPHONE NUMBER