

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

**APPROVED
AND
FILED**

96 MAY -1 PM 4: 18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P94000016842 (4)

1. Corporation Name

COMODORO SUPERMARKET, INC.

Principal Place of Business

**1036 S.W. 1 ST.
MIAMI FL 33130**

Mailing Address

**1036 S.W. 1 ST.
MIAMI FL 33130**

3. Date Incorporated or Qualified

03/03/1994

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

21 2300 CORAL WAY

Suite, Apt. #, etc.

22

City & State

23 MIAMI FLORIDA,

Zip

24 33145

Country

25 US.

2a. Mailing Address

26 2300 CORAL WAY

Suite, Apt. #, etc.

27

City & State

28 MIAMI FLORIDA,

Zip

29 33145

Country

30 US.

4. FEI Number

65-0472022

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 SERVICES INC
1036 S.W. 1 ST.
MIAMI FL 33130**

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)
2300 CORAL WAY SUITE # 200
83
84 City
MIAMI FL 85 Zip Code
33145**

11. Pursuant to the provisions of Sections 607.05(2) 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 607.1505, Florida Statutes.

SIGNATURE

AMADA CANTERA LOPEZ, PRES

(NOTE: Registered Agent Signature is printed when filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

**PD
FERNANDEZ, MANUEL
1267 S.W. 19TH STREET
MIAMI FL 33145**

TITLE DELETE

**STD
FERNANDEZ, IRAIDA
1267 S.W. 19TH STREET
MIAMI FL 33145**

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

2. 1. TITLE
2. 2. NAME
2. 3. STREET ADDRESS
2. 4. CITY - ST - ZIP

3. 1. TITLE
3. 2. NAME
3. 3. STREET ADDRESS
3. 4. CITY - ST - ZIP

4. 1. TITLE
4. 2. NAME
4. 3. STREET ADDRESS
4. 4. CITY - ST - ZIP

5. 1. TITLE
5. 2. NAME
5. 3. STREET ADDRESS
5. 4. CITY - ST - ZIP

6. 1. TITLE
6. 2. NAME
6. 3. STREET ADDRESS
6. 4. CITY - ST - ZIP

**30000181842 Addit
-05/08/96--01050--015
***200.00 ***200.00**

Handwritten initials

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:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANUEL FERNANDEZ

DATE

4/29/96

OFFICIAL PHONE #

CR2E034 (12/95)