

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. Mortham
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

2. Principal Place of Business

2a. Mailing Address

21 2300 CORAL WAY

26 2300 CORAL WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 MIAMI FLORIDA,

28 MIAMI FLORIDA,

Zip

Country

Zip

Country

24 33145

25 US.

29 33145

30 US.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/03/1994

3a. Date of Last Report

04/28/1995

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

10. Name and Address of New Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC

1036 S.W. 1 ST.
MIAMI FL 33130

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 Required when Changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
PD
FERNANDEZ, MANUEL
STREET ADDRESS
1267 S.W. 19TH STREET
CITY- ST- ZIP
MIAMI FL 33145

1. TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STD
FERNANDEZ, IRAIDA
STREET ADDRESS
1267 S.W. 19TH STREET
CITY- ST- ZIP
MIAMI FL 33145

2. TITLE ☐ Change ☐ Addition

21 NAME
22 STREET ADDRESS
23 CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

3. TITLE ☐ Change ☐ Addition

31 NAME
32 STREET ADDRESS
33 CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

4. TITLE ☐ Change ☐ Addition

41 NAME
42 STREET ADDRESS
43 CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

5. TITLE ☐ Change ☐ Addition

51 NAME
52 STREET ADDRESS
53 CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

6. TITLE ☐ Change ☐ Addition

61 NAME
62 STREET ADDRESS
63 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANUEL FERNANDEZ

DATE

Daytime Phone

4/29/96

CR2E034 (12/95)