

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 MAY -1 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000016842 (4)

1. Corporation Name  
COMODORO SUPERMARKET, INC.



Principal Place of Business

2300 CORAL WAY  
MIAMI FL 33145

Mailing Address

2300 CORAL WAY  
MIAMI FL 33145-3511

3. Date Incorporated or Qualified  
03/03/1994

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 2300 CORAL WAY

2a. Mailing Address

26 2300 CORAL WAY

4. FEI Number  
65-0472022

Applied For

Not Applicable

Suite, Apt. #, etc.

22 # 200

Suite, Apt. #, etc.

27 # 200

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

23 MIAMI FLORIDA

City & State

28 MIAMI FLORIDA

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip

24 33145

Country

25 US

Zip

29 33145

Country

30 US

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  
2300 CORAL WAY  
#200  
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.02 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 of (or limited name of) registered agent and title if applicable

AMADA CANTERA LOPEZ, PRES

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	FERNANDEZ, MANUEL	1267 S.W. 19TH STREET	MIAMI FL 33145	<input type="checkbox"/>
STD	FERNANDEZ, IRAIDA	1267 S.W. 19TH STREET	MIAMI FL 33145	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED  
MANUEL FERNANDEZ - PRESIDENT

Date

Daytime Phone #

0202823

CR2E034 (9/96)