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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9400028400 (7)

WILLY SUPERMARKET CORP Principal Place of Business Mailing Address 13880 S.W. 58 STREET 12455 S.W. 45TH STREET MIAMI FL 33175 MIAMI FL 33175 MIAMI FL 33175-4713								
					3. Date Incorporated or Qualified 04/13/1994	3a. Date of Last R 08/05/1996	leport	
2. Principal F	Place of Business	2a, Mailing Address			4. FEI Number 65-0480733	A	pplied For ot Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional equired	
City & State 23		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00	May Be		
Zip 24	Country 25	Zip	Zip Country		Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
[24]	9. Name and Address of Current		301		10. Name and Address of New Re			
	LLO, ANIBAL		81	Name				
	155 S.W. 45TH STREET IMI FL 33175		82	Street Addr	ess (P.O. Box Number is Not Acceptat	ole)		
,	/ 2 44 // /		63)			
			84	City	(FL 85 Zip	Code	
11. Pursuant office or agent its	to the provisions of Sections 607.0502 registered agent or both, in the State- am familiar with, and accept the obligation of the obligation of the state of the			_	poration submits this statement for the pion's board of directors. I hereby accepted when reinstaling)	ourpose of changing it pt the appointment as	ts registered registered	
12.	OFFICERS AND		13.	in ingresione requi	ADDITIONS/CHANGES TO OFFIC		RS IN 12	
1011	D	DELETE 1.11				Change	Addition	
NAME	BELLO, ANIBAL		1.2 NAME					
STREET ADDRESS	12455 S.W. 45TH STREET MIAMI FL 33175	•		ADDRESS				
CHY-SI-ZIP THLE	D D	☐ DELETE	14 CITY-S	T-ZIP		Change	Addition	
NAVE	BELLO, AURORA	[-1 precie	22 NAME	ł		change	L) Modition	
STREET ADDRESS	12455 S.W. 45TH STREET		2.3 STREET	ADDRESS				
C-PY-S1-ZiP	MIAMI FL 33175	*	2. 4 CITY - S					
11718		DELETE	3.1 TITLE			Change	Addition	
NAME			3.2 NAME					
STREET ALORESS			3.3 STREET					
C(TY - ST - Z)F TITLE		DELETE	3.4. CITY - S	IT-ZIP		Change	Addition	
NAME			4.1 TITLE 4. 2 NAME	}				
STREET ADDRESS			4.3 STREET	ADDRESS				
COY-ST-76			4.4 CITY - S					
THUE		DELETE	5.1 TITLE	·····		Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			53 STREET	ADDRESS				
C/1Y - \$1 - 7/P			54 CITY-S	T-ZIP				
Tille		☐ DELETE	6.1 TITLE			Crange	Addition	
NAME		· ·	6.2 NAME					
STREET ADDRESS	1		6.3 STREET	ADDRESS				

14. If 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 cord ration 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 cylanged, or on an attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE: 1

CHY-SI-7P

HIMD (ADULE) WIS

0 4/01/17 (905) 382-3917 Pagine litone #

FILED

Apr 21 1997 8:00am

Secretary of State

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