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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000035367 (9)**

1. Corporation Name
V & P FOOD SHOP, INC.



Principal Place of Business 790 N.E. 167TH STREET MIAMI FL 33162	Mailing Address 790 N.E. 167TH STREET MIAMI FL 33162-2403
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/11/1994	3a. Date of Last Report 05/01/1996
21		25		4. FEI Number 65-0489010	Applied For <input type="checkbox"/> Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**NUNEZ, RUTH
14341 GLECAIRN ROAD
MIAMI LAKES FL 33018**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	NUNEZ, VILMA	12 NAME	
STREET ADDRESS	14341 GLECAIRN ROAD	13 STREET ADDRESS	
CITY - ST - ZIP	MIAMI LAKES FL 33018	14 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	
NAME	NUNEZ JR., PEDRO	2.2 NAME	
STREET ADDRESS	14341 GLECAIRN ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI LAKES FL 33018	2.4 CITY - ST - ZIP	
TITLE	VPS	3.1 TITLE	
NAME	NUNEZ, RUTH	3.2 NAME	
STREET ADDRESS	14341 GLECAIRN ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI LAKES FL 33018	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: Vilma Nunez **VILMA NUNEZ** 2/3/97 305.949.5564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)