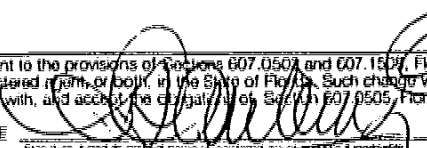
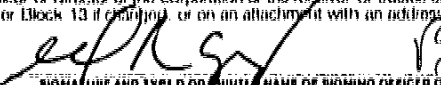


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

95 MAY -1 PH 3: 38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION • ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000069576 (4) 1. Corporation Name ROMA SUPERMARKET INC.			
Principal Place of Business 1305 S.W. 8TH ST. MIAMI FL 33135		Mailing Address 1305 S.W. 8TH ST. MIAMI FL 33135	
2. Principal Place of Business 21 1036 S.W. 1 ST. Suite, Apt. #, etc. 22 City & State 23 MIAMI FLORIDA. Zip 24 33130		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 US.	
9. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICE 1036 S.W. 1ST 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) 1036 S.W. 1 ST. STREET 83 84 City MIAMI 85 Zip Code FL 33130	
11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 designation of, Section 607.0505, Florida Statutes. SIGNATURE  AMADA CANTERA LOPEZ, PRES 4/27/95 Signature typed or printed name of registered agent (required if applicable) (NOTE: Registered Agent signature required when reappointing)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RODRIGUEZ, ROMAN 7801 S.W. 138TH CT. MIAMI FL 33183	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	☐ Change ☐ Addition 300001474163 -05/03/95--01153--017 ****200.00 ****200.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD RODRIGUEZ, MAIRA 7801 S.W. 138TH CT. MIAMI FL 33183	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ Addition \$87 5/11
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 110.07(3)(b), 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:  4/27/95 300)545868 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROMAN RODRIGUEZ			