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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1997 8:00am

Secretary of State

04/13/97 (305) 634-7100

0197322

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000013380 (7)

BARBARA GROCERY, INC.

CITY - ST - ZIP

SIGNATURE

Mailing Address Principal Place of Business 2800 N.W. 13TH AVENUE 2800 N.W. 13TH AVENUE MIAMI FL 33142-6602 MIAMI FL 33142-6602 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996 02/16/1995 2. Principal Flace of Business 2a, Mailing Address 4, FEI Number Applied For 65-0560123 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 🔲 No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RODRIGUEZ, JUAN F 2800 N.W. 13TH AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 MIAM! FL 33142 **A3** City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. DELETE 1.1 TITLE ☐ Change ☐ Addition THE RODRIGUEZ, JUAN F 1.2 NAME NAME 2800 N.W. 73TH AVENUE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL CHTY - ST - ZIF 1.4 CITY - ST-ZIP DELETE Change Addition TITLE 2.1 TITLE FOORIGUEZ, JUAN F 2000 N.V. 13TH AVENUE NAME 2.2 NAME 2.3 STREET ADDRESS MAMI FIEL City-St-ZiP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 32 NAME STREET ADDIT 3 3 STREET ADDRESS 3.4 CITY - ST- 7IF CITY: \$1 DELETE Change Addition 4.1 TITLE THE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-SI-ZiP 44 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CHY-ST-ZIP DELETE Change Addition 617ITLE HILE 6.2 NAME NAM 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP

14. I do hereby certify that the information surplied 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 of trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name