

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT

1997-98



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

DOCUMENT # P95000050655 (6)

1. Corporation Name

LUCAS SUPERMARKET #2, INC.

Principal Place of Business

14759 N.E. 6TH AVE.
MIAMI FL 33161

Mailing Address

14759 N.E. 6TH AVE.
MIAMI FL 33161

FILED

98 FEB 19 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 97-98

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0596735

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

9. Name and Address of Current Registered Agent

LUCAS, LOUINES
110 N.E. 174TH ST.
MIAMI FL 33162

10. Name and Address of New Registered Agent

81 Name

Jean Lucas

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

815 N.W. 48th Street

83

84 City

Miami

FL

85 Zip Code
33127

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 last applicable

(NOTE: Registered Agent signature required when reinstating)

2/17/98

12. OFFICERS AND DIRECTORS

TITLE D
NAME LUCAS, LOUINES
STREET ADDRESS 110 N.E. 17TH STREET
CITY-ST-ZIP MIAMI FL 33162

TITLE D
NAME LUCAS, JEAN
STREET ADDRESS 815 N.W. 48TH ST.
CITY-ST-ZIP MIAMI FL 33127

TITLE D
NAME LUCAS, BERNEX
STREET ADDRESS 15030 SOUTH BISCAYNE RIVER DR.
CITY-ST-ZIP MIAMI 33 16827

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Violet Lucas
1.3 STREET ADDRESS 110 N.E. 17th Street
1.4 CITY-ST-ZIP Miami, FL 33162

2.1 TITLE D
2.2 NAME Bernadel Jacques
2.3 STREET ADDRESS 127 N.E. 138 Street
2.4 CITY-ST-ZIP Miami, FL 33161

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 Dean Lucas

4-2-98 (FOS)

CR2E034 (4/97)