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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000070220 (5)

LAS VEGAS SUPERMARKET, INC. Principal Place of Business Mailing Address 6605 S DIXIE HWY 6605 \$ DIXIE HWY WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified

						09/08/1995	
2.	Principal Place of Bus	iness	2a. Mailing	Address		4. FEI Number	Applied For
21			26			65-0612468	Not Applicable
22	Suite, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	City & State		City & S ¹	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Zip	Country 25	Ζφ 29	30 Cour	ntry	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible Yes No
g, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
CANIZARES, GUILLERMO					81 Name		
6605 \$ DIXIE HWY West Palm Beach FL 33405					82 Street Address (P.O. Box Number is Not Acceptable)		
				[B3		
					84 City	F	85 Zip Code

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 proted name of registered agent and trie if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE CANIZARES, GUILLERMO NAME 1.2 NAME 6600 LYTLE CT STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33405 CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition CANIZARES, XONIA NAME 2.2 NAME 6600 LYTLE CT STREET ADDRESS 2.3 STREET ADDRESS **WEST PALM BEACH FL 33405** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4 1 TITLE ☐ Change Addition 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 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.

FILED

Apr 16 1998 8:00am

Secretary of State