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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED** 

May 15 1997 8:00am

Secretary of State

Change

Addition

DOCUMENT # P9600008343 (1)

C.D. GROCERY, INC.

CITY-ST-ZIP

STREET ADDRESS

appears in Block 12 or Block 13

CITY-ST-ZIP

TITLE

NAME

Principal Place of Business Mailing Address 1501 NE 54 STREET 1501 NE 54 STREET MIAMI FL 33142-3862 MIAMI FL 33142 3. Date Incorporated or Qualified 3a. Date of Last Report 01/26/1996 2. Principal Place of Business 1501 NW 54th Street Mailing Address 1501 NW 4, FEI Number Applied For 54th Street 65-0643202 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional XI) 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 <u>Miami, Fl</u> 28 <u>Miami, Fl</u> Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, 33142 UŚA 24 25 USA 29 35142 9. Name and Address of Current Registered Agent 25 Yes No Florida Statutes 10. Name and Address of New Registered Agent SHARPE, URIAHE E 81 Name: **1501 NE 54 STREET** 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33142** 83 84 City 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 printed name of registered agont and title if applicable (NOT) Registered Agent signature required when reinstaturg) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 1/TUE Addition SHARPE, URIAHE E NAME 1.2 NAME **1501 NE 54 STREET** STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33142 CITY-ST-ZIP 1.4 CITY-S1-2IP DELETE TITLE Change Addition 2.1 THUE SMALLING, CLAUDETTE NAME 2.2 NAME **1501 NE 54 STREET** STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33142** CITY-ST-ZIP 2 4 CHY-ST-7IP TITLE DILETE 3.1 TITLE Change Addition WATSON, JENNIFER NAME 3.2 NAME **1501 NE 54 STREET** STREET ADDRESS 3.3 STREET ADDRESS **MIAMI FL 33142** CITY-ST-ZIP 3.4. CITY - S1 - ZIP TITLE DELETE 4.1 103LE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE TITLE 51 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

CHAUDETTE SMALLING 11.14.97 305-696-7382

DELETE

ged, or on an attachment with an address

54 CFTY - ST - ZIP

6 3 STREET ADDRESS

64 CITY-ST-7IP 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 er supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the constitution or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

61 TITLE

62 NAME