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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
99 MAY 18 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0272114

DOCUMENT # P96000050744

1. Corporation Name
VIGAL SUPERMARKET, INC.

Principal Place of Business	Mailing Address
2300 CORAL WAY SUITE 200 MIAMI FL 33145	2300 CORAL WAY SUITE 200 MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/13/1996

4. FEI Number
65-0670795
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 2300 CORAL WAY	26 2300 CORAL WAY
Suite, Apt. #, etc 22 SUITE # 200	Suite, Apt. #, etc 27 SUITE # 200
City & State 23 MIAMI FLORIDA	City & State 28 MIAMI FLORIDA
Zip Country 24 33145 25 U.S.	Zip Country 29 33145 30 U.S.

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES, INC.
2300 CORAL WAY
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 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: AMADA CANTERA LOPEZ. PRES. DATE: 4/30/99
Signature of New or Additional Registered Agent, if applicable (NOTE: Registered Agent signature required by law)

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	CABRERA, VIDAL	
STREET ADDRESS	1359 WEST 78 STREET	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE	SD	[ ] DELETE
NAME	REQUENA, EMILIO	
STREET ADDRESS	10086 NW 5 TERRACE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	[ ] DELETE
NAME	REQUENA, VIVIAN	
STREET ADDRESS	10086 NW 5 TERRACE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		[ ] Change [ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	S/D/ CABRERA VIDAL	[ ] Change [ ] Addition
22 NAME	1359 WEST 78 STREET	
23 STREET ADDRESS	HIALEAH FLORIDA 33014	
24 CITY-ST-ZIP		
31 TITLE	D/ CABRERA VIDAL	[ ] Change [ ] Addition
32 NAME	1359 WEST 78 STREET	
33 STREET ADDRESS	HIALEAH FLORIDA 33014	
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME	400002880164--1	
43 STREET ADDRESS	-05/19/99--01060--004	
44 CITY-ST-ZIP	****150.00 ****150.00	
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: DATE: 4/30/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)