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

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

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P96000088614 (8)

SUPERIOR BEVERAGE DISCOUNT & DOLLAR STORE, INC.

Principal Place of Business	Mailing Address	
9733 NW 27 AVE N MIAMI FL 33147 US	3010 NW 101ST Miami FL 33147 US	
2. Principal Place of Business	2a. Mailing Address	

## **FILED** Apr 23 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/28/1996 4. FEI Number Applied For 65-0708906 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. Yes 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 RUIZ, REINALDO 3010 NW 101 ST. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33147** 83 85 Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DPT DELETE Change Addition TITLE 1.1 TITLE RUIZ. REINALDO NAME 1.2 NAME 3010 NW 101 ST. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33147 CITY-ST-ZIP 1.4 City - ST - 7)P D۷ TITLE DELETE 2.1 TITLE Change Addition FIGUEROA, OMAIRA 2.2 NAME 3010 NW 101 ST. STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33147** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change ☐ Addition FIGUERDA, OMAIRA 3.2 NAME 3010 NW 101ST STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3 4. CITY - ST - ZIP TITLE DELETE Addition Change 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - S1 - ZIP DELETE TITLE Change Addition 51 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP TITLE DELETE 6.1 Title Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 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 or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee employees 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 or an attachment with an address.

SIGNATURE: