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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 13, 1999 8:00 am Secretary of State

DOCUMENT # P97000015201(1) 1. Corporation Name CHARDER ON ALTERY TAGE					04-13-1333 30003	032 130	.00		
SUPER	R QUALITY, INC.		-						
Principal Plac	en of Businese	Mailing Address				┦ .			
•									
7615 SW 22nd ST:						,			
MIAMI,	ть 33133	MIAMI, FL	, 3313:	5		DO NOT WRITE IN TH	IIS SPACE		
						3. Date Incorporated or Qualifed			
		1 2				02/17/97			
⊢	Place of Business	2a. Mailing Addre	ess			4. FEI Number 65-0765148		oplied For	
Suite, Apt.	# oto	26 Suite, Apt. #,	oto			03-0703148		ot Applicable Additional	
⊢ ' '	. #, etc.	27 SBite, Apt. #,	eic.			5. Certifcate of Status Desired	Fee Re	equired	
City & Stat	te	City & State				6. Election Campaign Financing		-May Be	بدعب
23		28				Trust Fund Contribution	•	to Fees	
Zip	Country	Zip		Country		8. This corporation owes the current year	Intangible		
24	25	29	30]		Personal Property Tax.	x Yes	□No	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Register	ed Agent		
}				81	Name 7	ntonio Oguando			
ANTONIO OQUENDO				82	Street Addre	Antonio Oguendo ress (P.O. Box Number is Not Acceptable)			
76	515 SW 22nd STREE	T			7	7615 SW 22nd ST			
MI	AMI,FL 33155			83					
Į.	±			84	City		. 85 Zip	Code	
		·			MI		L 331	L55	
11. Pursuant office or r	registered agent, or both, in the State (2 and 607,1508, Florid of Florida, Such chanc	ia Statutes, ti se was author	the above orized by t	-named corporation	oration submits this statement for the purpose	of changing its pointment as re	registered	
agent. I a	m familiar with and accept the obligat	tions of, Section 607.0	505, Florida	Statutes.					
agent. I a SIGNATURE	am familiar with and accept the obligat	tions of, Settion 607.0	505, Florida	Statutes.		4/5/99			
agent. I a	am familiar with pand accept the obligat	tions of, Section 607.0	505, Florida (NOTE: Regis	Statutes.		d when reinstating) DATE			98)
agent. I a	Signature April Agriculture of the obligation of	tions of, Settion 607.0	505, Florida (NOTE: Regi	Statutes.		4/5/99			11/98)
agent. I a SIGNATURE 12.	Signature Medical Annual Company of the obligation of the obligati	tions of, Settion 607.0 Tand title if applicable. D DIRECTORS	(NOTE: Reginate LETE	Statutes.		d when reinstating) DATE	AND DIRECTO	DRS IN 12	
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agent. I a SIGNATURE 12. TITLE NAME	Director Antonio Oquendo 7615 SW 22nd ST	tions of, Settion 607.0 Tand title if applicable. D DIRECTORS	(NOTE: Regi	Statutes. istered Agent 13. 1.1 TITLE 1.2 NAME	aignature required	d when reinstating) DATE	AND DIRECTO	DRS IN 12	R2E034 (11/98)
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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: X

ANTONIO OQUENDO SIGNING OFFICER OR DIRECTOR

(305)888-7375