

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0044308

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Moser
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000018436 (0)

1. Corporation Name

NEW GENERATION SUPERMARKET PLUS, INC.

FILED

98 NOV -6 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
7910 NW 22ND AVE.
MIAMI FL 33147

Mailing Address
7910 NW 22ND AVE.
MIAMI FL 33147

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1997

4. FEI Number

65-0743776

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 or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~DISLA, JESUS~~
~~7910 NW 22ND AVE.~~
~~MIAMI FL 33147~~

81 Name

NERVY DISLA

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

7910 N.W. 22nd Avenue

83

84 City

MIAMI

FL

85 Zip Code

33147

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 NERVY DISLA
Signature, typed or printed name of registered agent and title if applicable.

NERVY DISLA DIRECTOR
(NOTE: Registered Agent signature required when reinstating)

11/2/98
DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME DISLA, JESUS
STREET ADDRESS 7910 NW 22ND AVE.
CITY-ST-ZIP MIAMI FL 33147

☐ DELETE

TITLE ~~DS~~
NAME ~~DISLA, JOSE~~
STREET ADDRESS ~~7910 NW 22ND AVE.~~
CITY-ST-ZIP ~~MIAMI FL 33147~~

☒ DELETE

TITLE DT
NAME DISLA, JUAN
STREET ADDRESS 7910 NW 22ND AVE.
CITY-ST-ZIP MIAMI FL 33147

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

500002687525--7
-11/13/98--01079--021
*****500.00 *****450.00

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

DIS
DISLA, NERVY
7910 N.W. 22nd Ave # 3
MIAMI FL 33147

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

500002687525--7
-11/13/98--01079--022
*****58.75 *****58.75

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE: NERVY DISLA DIRECTOR 9/21/98

CR2E034 (5/98)