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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000018833

COLLADO SUPERMARKET CORPORATION

Principal Place of Business	2

Mailing Address

4805 NW 167TH ST MIAMI FL 33055-4243 4805 NW 167TH ST MIAMI FL 33055-4243

FILED Feb 04, 1999 8:00am Secretary of State

02-04-1999 90007 008 ***150.00



DO NOT WRITE IN THIS SPACE

						3. Date Incorporated or Qualife 02/28/1997	ed		
2. Principal P	lace of Business	2a. Mailing Addr	ess			4. FEI Number		Ap	plied For
21	taco of Basinious	26	¬			65-0744170		I	Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A	
22 City & Stat	ha .	City & State				6. Election Campaign Financin	n _	\$5.00	May Be
		28	_ _ ·			Trust Fund Contribution	ч П .	Added t	•
23	Country	Zip	Cou	intry		8. This corporation owes the c	irrent vear	1	
			30			Personal Property Tax.	· ·	Yes	□No
24	9. Name and Address of Curre	29	[30]	1		10. Name and Address of New Registered Agent			
	9. Name and Address of Cure			81	Name				
COL	LADO, JOSE					· ·			
-6275	5 NW 199 TERR	ā atti		82	Street Add	dress (P.O. Box Number is Not Acce	ptable)	n s <u>Ziya</u> or i ng	•
. MIAI	MI FL 33015			83	<u> </u>				
				84	City		F	85 Zip C	ode
office of r agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	a of Florida. Such chan	de was authorized	n bv i	the corporat	poration submits this statement for t tion's board of directors. I hereby ac	ne purpose cept the ap	e or changing its pointment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable.	(NOTE: Registered	J Agent	t signature requir	red when reinstating) '	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO	OFFICERS	AND DIRECTO	RS IN 12
TITLE	D	□ D	ELETÉ 1.1 Ti	TLE				☐ Change	☐ Addition
NAME	COLLADO, JOSE		1.2 N	AME					
STREET ADDRESS	CORE AND JOS TERR		1.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33015		140	ITY-ST	1.7IP			·	
TITLE	INSURATE GOOTS	, D	ELETE 2.1 TI					☐ Change	☐ Addition
NAME			2.2 N	AME					
STREET ADDRESS			238	TREET	ADDRESS				•
		N *		HY-S					•
CITY-ST-ZIP TITLE		По	ELETE 3,1 TI		· <u>- "</u>			Change	· 🔲 Addition
3.14.	18-18-18 18-18-18-18-18-18-18-18-18-18-18-18-18-1		3.2 N			·			
NAME	TARKET SATE OF THE	,			ADDRESS				
STREET ADDRESS						•			
CITY-ST-ZIP		· 🗆 D	ELETE 4.1 TI	TTY-S	1-ZIP			Change	Addition
TITLE				AME					_
NAME STREET ADDRESS			.		ADDRESS	•		٠.,	
CITY-ST-ZIP			440	TY-S1	r-zip				
TITLE		D	ELETE 5.1 T					Change	Addition
NAME			5.2 N						
STREET ADDRESS			5.3 S	TREET	ADDRESS	•			
			5.4 C	ITY-S7	T-Z:P	***		,	
CITY-ST-ZIP TITLE	Section Age Control	d L	ELETE 6.1 T					Change	Addition
	\$25 m x 30 m m		6.2 N	AME					
NAME	1 10	•			ADDRESS				
STREET ADDRESS	1			ITV 61		•			•

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 13/if chapted or on an attachment with an address, with all other like empowered.

SIGNATURE: A COLUMN ORE REQUIRED IN SIGNING OFFICER OR DIRECT

1/18/99 Date

Daytime Phone #

CR2E034 (11/98)