

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

FILED

May 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P970000051212
1. Corporation Name

D.M. SUPERMARKET, INC.

Principal Place of Business	Mailing Address
14814 SW 88 ST MIAMI, FL 33186	14814 SW 88 ST MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 6/10/97	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FBI Number 65-0761648		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country	29. Country	7. 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

DANILO E. MONZON
11313 SW 133 PLACE
MIAMI, FL 33176

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0509 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 607.0508, Florida Statutes.

SIGNATURE

Signature: Typed or printed name of registered agent and title if applicable. (Not to be signed by Agent; signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
		☐ DELETE			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DANILO E. MONZON 11313 SW 133 PLACE MIAMI, FL 33176	☐	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	NIURKA SOLA 14321 SW 170 ST MIAMI, FL 33177	☐	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP		
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP		
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP		
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP		
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP		

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption provided in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true, valid, 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: D. Monzon PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/98 (305) 385-0339

Date

Official Name

CR2E034 (10/97)