1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000051212

D.M. SUPERMARKET, INC.

Principal	Place	of	Business

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90004 035 ***150.00



Principal Place	e of Business	Mailing Address						
14814 SW 88TH	1 ST	14814 SW 88TH ST						
MIAMI FL 33186	6	MIAMI FL 33186			DO N	NOT WRITE IN THIS	SDACE	
					3. Date Incorporated or		SFACE	
					06/10/1997	, Anamea		
0 Detected D	N	2a. Mailing Address			4. FEI Number			Applied For
	Place of Business	H-7 "			65-0761648			Not Applicable
21 Cuita Ant	#	Suite, Apt. #, etc.			00-070 10-10			Additional
Suite, Apt.	#, etc.	⊢			Certificate of Status D	esired		Required
22 City & Stat		City & State			6. Election Campaign Fi	inanaina		0 May Be
23	i.c	28			Trust Fund Contributi	-		d to Fees
Zip	Country	Zip	Cou	untry	8. This corporation ower			
24	25	29	30	•	Personal Property Ta	•	Yes	X _N o
24	9. Name and Address of Curr			Ţ	10. Name and Address		Agent	
				81 Name				
MON	izon, danilo			00 000000000000000000000000000000000000	leans (D.O. Day Number is No	nt Assentable)		
1131	I3 SW 133 PLACE			82 Street Add	Iress (P.O. Box Number is No	ot Acceptable)	·	
MAIM	MI FL 33176			83				
				84 City			85 Zi	p Code
		·				<u> </u>		(a
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the obli	ate of Florida. Such change was	authorized	d by the corporati	poration submits this stateme ion's board of directors. I here	nt for the purpose of eby accept the appoi	ntment as	registered
	ım tamıllar witri, and accept the obti	igations of, Section 607.0000, i	ioriua Stat	utes.				
SIGNATURE					and when reinstation)	DATE		
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SIGNATURE	Signature, typed or printed name of registered a OFFICERS	agent and title if applicable. (NO	TE: Registered	d Agent signature require	ed when reinstating) ADDITIONS/CHANGE		ID DIREC	
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS PVD MONZON, DANILO E 11313 S.W. 133 PLACE MIAMI FL 33176	agent and title if applicable. (NO AND DIRECTORS	TE: Registerec 13. 1.1 TI 1.2 N 1.3 S 1.4 C	I Agent signature require ITLE AME TREET ADDRESS ITY-ST-ZIP				e Addition
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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 empewered 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:

305.5920394