


**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90017 021 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000064527</b> 1. Corporation Name <b>ABRAHAM MINI-MARKET, CORP.</b>					
Principal Place of Business 2755 N.W. 103 STREET MIAMI FL 33147			Mailing Address 2755 N.W. 103 STREET MIAMI FL 33147		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 <u>2755 N.W. 103 ST</u> Suite, Apt. #, etc. <u>7</u>			2a. Mailing Address 26 <u>SAME</u> Suite, Apt. #, etc.		
23 <u>Miami FL 33147</u> City & State Zip Country			27 <u>FL 33147</u> City & State Zip Country		
24 <u>2755 N.W. 103 ST</u> Zip Country			28 <u>FL 33147</u> City & State Zip Country		
9. Name and Address of Current Registered Agent <b>ROJAS, ABRAHAM R</b> <b>2755 N.W. 103 STREET</b> <b>MIAMI FL 33147</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <u>FL</u> 85 Zip Code		
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 <u>[Signature]</u> DATE <u>01/05/99</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS TITLE <u>PD</u> <input type="checkbox"/> DELETE NAME <u>ROJAS, ABRAHAM R</u> STREET ADDRESS <u>450 EAST 65 STREET</u> CITY-ST-ZIP <u>HIALEAH FL 33013</u>			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <u>VD</u> <input type="checkbox"/> DELETE NAME <u>ROJAS, PILAR</u> STREET ADDRESS <u>450 EAST 65 STREET</u> CITY-ST-ZIP <u>HIALEAH FL 33013</u>			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)