DOCUMENT #

1. Corporation Name



P97000085367

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

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

05-03-1999 90027 040 ***150.00

SOUTH	DIXIE MINI MART, INC.							
Principal Place	e of Business	Mailing Address			()	ITTIL BUILT BUILT TA	Bt Eline airin	. 1861 1881 1881
27865 S. DIXIE HIGHWAY 27865 S. DIXIE HIGHWAY MIAMI FL-33189 23 03 2 MIAMI FL-33189 3.3			32		DO NOT WRITE IN THIS SPACE			
		•		-	3. Date Incorporated or Qualifect	ı	• • "	
					10/02/1997	_		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number			olied For
21	·	26			65 -0785903	_		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A Fee Re	
City & State	e	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the cu	rrent year Intan	gible	_
24			30		Personal Property Tax.			□No
	9. Name and Address of Curre	nt Registered Agent		1	10. Name and Address of New	Registered A	gent	
			1	81 Name				}
	NANDEŻ, ZOILA M		- 1	82 Street Ad	dress (P.O. Box Number is Not Accep	table)		
	78 S.W. 103 LANE		52 54,5617					
MLAM	VII FL 33196		18	83				{
	•		1	84 City		FL	85 Zip C	ode
		0	- 45		maration automits this statement for th		anging its	registered
office or nagent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Fiori	iua Siaiui		rporation submits this statement for the	DATE	ment as reç	pistered
12.	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: I	13.	igent signature requ	ared when reinstating) ADDITIONS/CHANGES TO O		DIRECTO	RS IN 12
TITLE :		DELETE	1.1 TITL	E I			Change	☐ Addition
	D COMANDEZ ZON A M						_]
NAME	FERNANDEZ, ZOILA M							
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CITY-ST-ZIP	ANIANN EL COLOC		1.3 STR	EET ADDRESS				
	MIAMI FL 33196	□ DELETE	1.3 STR	EET ADDRESS Y-ST-ZIP			Change	☐ Addition
TITLE	MIAMI FL 33196	☐ DELETE	1.3 STR 1.4 CIT 2.1 TITL	EET ADDRESS Y-ST-ZIP E		_	☐ Change	☐ Addition
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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 OFFICEBOR DIRECTOR

4/36/99 Date

305 248539 D Dayliphe Phone # R2E034 (11/98)