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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

May 26 1998 8:00am

Secretary of State

DOCUMENT # P97000100680 (2)

REYES GROCERIES, INC.

ne les	GHOOLINES, MO.				. 	OPAN OOMA PANAL IEN	
Principal Plan	o of Business	Malling Address	· · · · · · · · · · · · · · · · · · ·				
Principal Place of Business Mailing Addross							
1872 MIAMI DRIVE 1872 MIAMI DRIVE NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 33							
NUMER MIAMI DEACH PL 33102 NUMER MIAMI DEACH PL 3					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					11/26/1997		
	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Ap	plied For
21		26			65-0796005		t Applicable
Suite, Apt. #, etc.		⊢	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	
22 City & State		27	City & State			Fee Re	·
23	в	⊢ ´	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00	
Zip	Country	Zip	p Country			Added t	
24	25 29 30				8. This corporation owes or has paid the current year Intargible Personal Property Tax due June 30. Yes V No		
		Current Registered Agent	100	10. Name and Address of New Registered Age			, ,,,,
GO	NZALEZ, RAMON REYES		81	Name			••
	72 MIAMI DRIVE		82	Stroot Adds	ress (P.O. Box Number is Not Acceptable)		
NORTH MIAMI BEACH FL 33162				Street Addre	ess (F.O. box Mulliber is Not Acceptable)		
	,		83				
			84	City		ne 7:- /	
			04	City	F	=L 85 Zip (Jode -
11. Pursuant	to the provisions of Sections 6	07.0502 and 607.1508, Florida Statu	tes, the above-	named corp	poration submits this statement for the purpose ion's board of directors. I hereby accept the a	e of changing it:	s registered
agent. La	egistered agenii, or boin, iii th m f am iliar with, and accept th	e State of Florida, Such Chan ge was a obligations of, Section 607.0505 , Fl	authorized by t Iorida Statutes.	ine corporati	ion's board or directors. I hereby accept the a	appointment as	registered
SIGNATURE							
	Signature, typed or printed name of regis		TE Registered Agent	t signature require			
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PTD DELETE		1.1 TITLE			L: Change	Addition
NAME GONZALEZ, RAMON REYES			1.2 NAME				
STREET ADDRESS 1872 MIAMI DRIVE CITY-ST-ZIP NORTH MIAMI BEACH FL 33162		EL 00400	1.3 STREET A				
CITY-ST-ZIP			1.4 CITY - ST -	ZIP			A street
TITLE	VSD DELETE REYES, ESCOLASTICA		2.1 TITLE	İ		L Change	Addition
NAME OTOTET (DODESO	4200 WEST 18 LANE		2.2 NAME				
STREET ADDRESS	HIALEAH FL 33012		2 3 STREET A	· · · · · I			
CITY-ST-ZIP TITLE	MALEANT PL 33012	DELETE	2 4 CITY-ST-ZIP 31 TITLE			Change	Addition
NAME	otter		3.2 NAME	İ		□ cuan∂e	
STREET ADORESS			3.2 NAME 3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST				
TITLE	DELETE		4.1 TITLE	- 211		Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET A	DORESS			ľ
CITY-ST-ZIP	•		4.4 CITY - ST-				
TITLE			5.1 THTLE		***************************************	Change	Addition
NAME			5.2 NAME	·]			
STREET ADDRESS			5.3 STREET A	DDRESS			
CITY-ST-ZIP			5.4 CITY - ST-	ZIP			
TITLE	☐ DELE		6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET A	DDRESS			
CITY-ST-ZIP			6.4 CITY - ST -				
 14. I hereby condicated 	certify that the information support of supplied the supplied of supplied the suppl	plied with this filing does not quality femental appual report is true and ec	for the exemption	on stated in a	Section 119.07(3)(i), Florida Statutes. I further to shall have the same legal effect as if made	certify that the	information
indicated on this armual 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 director 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.							