

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED AND FILED PAGE 1 of 2

98 DEC -7 AM 8:18

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 191000109079
 1. Corporation Name
 Greenwich Food Shop INC.

Principal Place of Business Mailing Address
 1465 NE 121 street # B114
 NO. MIAMI FL 33161

300002709623--6
 -12/11/98--01002--020
 DO NOT WRITE IN THIS SPACE ***150.00

3. Date Incorporated or Qualified
 12-31-97

2. Principal Place of Business 2a. Mailing Address
 21 1465 NE 121 St. # B114 26 1465 NE 121 street

Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 B-114 27 B-114

City & State City & State
 23 NO MIAMI FL 28 NO MIAMI FL

Zip Country Zip Country
 24 33161 25 MIAMI-DADE 29 33161 30 MIAMI-DADE

4. FEI Number Applied For
 65-0824811 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. 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
 MARTHA MACIAS
 8525 SW. 152 AVE # 276
 MIAMI FL 33193

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 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 *Martha Macias* 12-2-98
Signature, typed or printed name of registered agent, and if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D.	OSWALD B. MACIAS	<input type="checkbox"/> DELETE
NAME		8525 SW 152 AVE #276	
STREET ADDRESS		MIAMI FL 33193	
CITY-ST-ZIP			
TITLE	D.	MARTHA MACIAS	<input type="checkbox"/> DELETE
NAME		8525 SW 152 AVE #276	
STREET ADDRESS		MIAMI FL 33193	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 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	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 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	
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)(f), 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 it changed, or on an attachment with an address.

SIGNATURE: *Martha Macias* 12-2-98
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/98)

November 12, 1998

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Document P97000109079/GREENWICH FOOD SHOP CORP.

To Whom it May Concern:

I received the third notice (cancellation) from you regarding the corporation but I never received the first two notices.

I did not realize the due date or that I had to pay \$600.00. Please accept the \$150.00 check which is enclosed in this letter so that I do not have to pay a penalty.

This is a new business and I will be more careful in the future about sending my payment on time.

If you need to contact me, please call me at: 305-895-7250.

Thank you for your cooperation in this matter.

Sincerely,



Martha Macias

Enclosure