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

APPROVED AND FILED

99 APR -9 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0190099

PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000020372**

1. Corporation Name
VINALES SUPERMARKET, INC.

Principal Place of Business	Mailing Address
2980 N.W. 7TH STREET MIAMI FL 33125	2980 N.W. 7TH STREET MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/03/1998

4. FEI Number
65-0816298
[ ] Applied For
[ ] 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 the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 2300 CORAL WAY Suite, Apt. #, etc.	26 2300 CORAL WAY Suite, Apt. #, etc.
22 SUITE # 200 City & State	27 SUITE # 200 City & State
23 MIAMI FLORIDA Zip Country	28 MIAMI FLORIDA Zip Country
24 33145 25 U.S.	29 33145 30 U.S.

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES, INC.
2300 CORAL WAY STE. 200
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code

300002836853--5
-04/12/99--01135--004
****150.00 ****150.00
FL

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: _____ AMADA CANTERA LOPEZ. PRES. 3/27/99
Signature, Name or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when changed) DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	[ ] DELETE
NAME	GALIANO, MATEO	
STREET ADDRESS	1350 W. 46TH STREET	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	T	[ ] DELETE
NAME	BALNDON, LAURA	
STREET ADDRESS	1350 W. 46TH STREET	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	S	[ ] DELETE
NAME	GARCIA, EUSEBIO	
STREET ADDRESS	6495 W. PALM COURT	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE	P/D/	[X] Change	[ ] Addition
12 NAME	GARCIA, EUSEBIO		
13 STREET ADDRESS	6495 W. PALM COURT		
14 CITY-ST-ZIP	HIALEAH, FL. 33012		
21 TITLE	S/D/	[X] Change	[ ] Addition
22 NAME	GARCIA, FRANCISCO		
23 STREET ADDRESS	2980 NW 7th STREET		
24 CITY-ST-ZIP	MIAMI, FL 33125		
31 TITLE		[ ] Change	[ ] Addition
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		[ ] Change	[ ] Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		[ ] Change	[ ] Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		[ ] Change	[ ] Addition
62 NAME			
63 STREET ADDRESS			
64 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: _____ 3/27/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
EUSEBIO GARCIA.PRES.

CR2E034 (11/98)