## CR2E034 (9/99)

Principal Place of Business 200 CORAL WAY SUITE 200 MANA IF, 30145 301  2. Principal Place of Business  Suite, And if, etc.  2. Principal Place of Business  Suite, And if, etc.  Suite, And if, etc.  City & State	DOCUMENT # P98000020372  1. Entity Name  VINALES SUPERMARKET, INC.					TILLED  Live (ARY OF STATE  / STON OF CORPORATION:  OO MAR 14 PM 2:41				
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  S. Cerificate of Status Desired  FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY SUITE 200  MAMIF L. 33145  8. The above named drinky physics to is statement for the purpose of changing its registered algent, or both in the State of Florida  AMADA CANTERA LOPEZ, PRES.  SIGNATURE  Signature, feature research and execute to do so.  (See criteria on back)  TIL  OFFICERS AND DIRECTORS  11.  OFFICERS AND DIRECTORS  12.  ADDITIONS/CHANGES TO OFFICERS AND  TITLE  MAKE  GARCIA, EUSEBIO  6495 W. PALM COURT  HIALEAH FL 33012  TITLE  SORICAL EVALUATION  GARCIA, EUSEBIO  GARCIA, FRANCISCO  2990 NW 7TH STREET  MAMIF I. 33125  TITLE  SORICAL FRANCISCO  2990 NW 7TH STREET  STREET ADDRESS  CITY-ST-2P  TITLE  SORICAL ADD	2300 CORAL WAY SUITE 200		2300 CORAL WAY SUITE 200						.,	
City & State  Country  Zip  Country  Zip  Country  Signature  65-0816298  City  FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY SUITE 200 MMAMI FL 33145  B. The above nagged durity philogists his signement for the purpose of changing its registered agent, or both in the State of Florida.  AMADA CANTERA LOPEZ, PRES.  SIGNATURE  Signature, Mean or present agent for the purpose of changing its registered agent, or both in the State of Florida.  AMADA CANTERA LOPEZ, PRES.  NOTE Registered Agent signature search with an investment of the purpose of Changing its registered agent, or both in the State of Florida.  AMADA CANTERA LOPEZ, PRES.  NOTE Registered Agent signature search and in investment of the purpose of Changing its registered agent agen	2. Principal Place of Business		3. Mailing Address							
Country   Zip   Country   S. Centificate of Status Desired	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRI	TE IN THIS SF	ACE		
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered J PLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY SUITE 200 MAMIF L 33145  8. The above named driftly Adjunts this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, Mentil or entered manual and elects to do so of the State of Make Canternation on back)  9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so of the Make May 1, 2000 Fee will be \$55.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND  13. SIRER ADDRESS  14. SIRER ADDRESS  15. Certification of New Registered J  16. City  17. Fee Will be \$55.00  18. Ecclion Campaign Financing  17. The Make  18. The above named after the reliability  18. Delete  19. The ADDITIONS/CHANGES TO OFFICERS AND  19. Ecclion Campaign Financing  19. The Make  19. The Nove Hall be \$55.00  19. Ecclion Campaign Financing  19. The ADDITIONS/CHANGES TO OFFICERS AND  19. Ecclion Campaign Financing  19. The Make  19. The Nove Hall be \$55.00  19. Ecclion Campaign Financing  19. The Nove Hall be \$55.00  19. Ecclion Campaign Financing  19. Ec	City & State		City & State			4. FEI Number 65-081629	8		plied For t Applicable	
PLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY SUITE 200 MIAMI FL 33145  8. The above named analy explants this signement for the purpose of changing its registered affect or registered agent, or both, in the State of Florida.  AMADA CANTERA LOPEZ, PRES.  AMADA CANTERA LOPEZ, PRES.  9. This corporation is eligible to satisfy its intangible Tax fling requirement and elects to do so.  Make Check Payable to Department of State  (NOTE Repaired Agent signement accord of the executating)  After MAY 1, 2000 Fee will be \$550.00  TILL BARK AND COURT  TITLE  AMA  GARCIA, EUSEBIO  GARCIA, EUSEBIO  GARCIA, EUSEBIO  GARCIA, EUSEBIO  GARCIA, FRANCISCO  280 NW 7TH STREET  CITY-ST-2P  MIAMI FL 33125  Delete  TITLE  NAME  GARCIA, FRANCISCO  280 NW 7TH STREET  MIAMI FL 33125  Delete  TITLE  NAME  SIRRET ADDRESS  CITY-ST-2P  MIAMI FL 33125  TITLE  MAME  SIRRET ADDRESS  CITY-ST-2P  MIAMI FL 33125  TITLE  NAME  SIRRET ADDRESS  CITY-ST-2P  TITLE  NAME  SIRRET ADDRESS  CIT	Zip	Country	Zip	Country		5. Certificate of Status Desired		8.75 Add		
FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY SUITE 200 MIAMI FL 33145  8. The above named shifty shippings this signement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  AMADA CANTERA LOPEZ, PRES.  (NOTE Represed Agent surpress manual annual properties agent the Representation of Pack Illing requirement and elects to do so.  (See offeria on back)  PD ARTHE COPPORTION Is eligible to satisty its intangible Tax Illing requirement and elects to do so.  (See offeria on back)  PD ARTHE ADDRESS  CITY-S1-2P  PD ARCIA, EUSEBIO GARCIA, EUSEBIO GARCIA, EUSEBIO GARCIA, EUSEBIO GARCIA, EUSEBIO GARCIA, EUSEBIO GARCIA, FRANCISCO 280 NW 7PALM: COURT HIALEAH FT; 33012  TITLE NAME GARCIA, FRANCISCO 280 NW 7TH STREET  TITLE NAME GRACIA, FRANCISCO 280 NW 7TH STREET  TITLE NAME GRACIA, FRANCISCO 280 NW 7TH STREET  TITLE NAME GRACIA, FRANCISCO 280 NW 7TH STREET  TITLE NAME SIRET ADDRESS  CITY-S1-2P  TITLE NAME SIRET ADDRESS		6. Name and Address of Current R	egistered Agent	Name		7. Name and Address of New F	legistered Ag	jent		
8. The above named entity orthogote this statement for the purpose of changing its registered agent, or both, in the State of Florida.  AMADA CANTERA LOPE2, PRES.  (NOTE: Requirement Agent storature requirement agent for the purpose)  9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  (See criteria on back)  OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND TITLE  MAKE GARCIA, EUSEBIO  GARCIA, EUSEBIO  MAKE CHeck Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND SIREET ADDRESS  CITY-ST-2P  TITLE  MAKE GARCIA, EUSEBIO  GARCIA, EUSEBIO  MAKE CHECK Payable to Department of State  TITLE  MAKE GARCIA, EUSEBIO  GARCIA, EUSEBIO  GARCIA, EUSEBIO  GARCIA, EUSEBIO  MAKE CHECK Payable to MAKE  STREET ADDRESS  CITY-ST-2P  MILE MAKE  GARCIA, FRANCISCO  GARCIA, FRANCISC	2300 CORAL WAY									
AMADA CANTERA LOPEZ, PRES.  Signature Mode or printed range alterestriffed apen find the elegenicable.  9. This corporation is eligible to satisfy its intangible fax filing requirement and elects to do so.  (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND CITY-S1-ZIP  14. EVEN THAT I ADDRESS OF	MIAMI FL 33145			City			FL	Zip Code	)	
TITLE NAME SIRET ADDRESS CITY-ST-ZIP	9. This corpora Tax filing red (See criteria	ation is eligible to satisfy its Intangible quirement and elects to do so.	FILE NOW!!! After MAY 1, 2000 Make Check Payable	FEE IS \$150.0 Fee will be \$5 to Department	one required when the required when the required when the required with the required when the required	nen reinstating)  10. Election Campaign Fir  Trust Fund Contributio	nancing n. $\Box$	Ådded	O May Be to Fees	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Garcia, Eusebio 6495 W. Palm Court	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		200003	1729	□ Change	Addition	
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	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS				Change	☐ Addition	
13. 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 cerindicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I 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 changed, or on an attachment with an address, with all other like impowered.  SIGNATURE:	indicated or of the corpo changed, o	n this report or supplemental report is to oration or the receiver or trustee empoy or on an attachment with a raddress, with a raddress, with a raddress, with a raddress or the control of the contr	rue and accurate and that my vered to execute this report as	signature shall be	ave the sa	me legal effect as it made under l	oath: that I an	n an officer	or airector	