

PROFIT  
CORPORATION  
ANNUAL REPORT  
2000



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

APPROVED  
AND  
FILED

00 FEB 22 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000039400

1. Corporation Name

HIALEAH DRIVE SUPERMARKET CORP.

Principal Place of Business

520 S.E. 3rd St  
HIALEAH FL 33010

Mailing Address

520 SE 3rd St  
HIALEAH FL 33010

2. Principal Place of Business

21 950 HIALEAH DR.

22 Suite, Apt. #, etc.

22

23 City & State

23 HIALEAH FL 33010

24 Zip

24 33010

25 Country

25 MIAMI Dade

26 Zip

26 33010

27 Country

27 MIAMI Dade

28 City & State

28 HIALEAH FL

29 Zip

29 33010

30 Country

30 MIAMI Dade

31 City & State

31 HIALEAH FL

32 Zip

32 33010

33 Country

33 MIAMI Dade

34 City & State

34 HIALEAH FL

35 Zip

35 33010

36 Country

36 MIAMI Dade

37 City & State

37 HIALEAH FL

38 Zip

38 33010

39 Country

39 MIAMI Dade

40 City & State

40 HIALEAH FL

41 Zip

41 33010

42 Country

42 MIAMI Dade

43 City & State

43 HIALEAH FL

44 Zip

44 33010

45 Country

45 MIAMI Dade

46 City & State

46 HIALEAH FL

47 Zip

47 33010

48 Country

48 MIAMI Dade

49 City & State

49 HIALEAH FL

50 Zip

50 33010

51 Country

51 MIAMI Dade

52 City & State

52 HIALEAH FL

53 Zip

53 33010

54 Country

54 MIAMI Dade

55 City & State

55 HIALEAH FL

56 Zip

56 33010

57 Country

57 MIAMI Dade

58 City & State

58 HIALEAH FL

3. Date of Incorporation or Creation

04/28/99

3a. Date of Last Report

4. FCI Number

65-0917645

Applied For  
Not Applicable

5. Certificate of Status, Fees

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for non-compliance under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

TANIA R. MARTIN  
520 S.E. 3rd St  
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name JORGE FERNANDEZ  
82 Street Address (P.O. Box Number is Not Acceptable)  
8430 NW 32nd Ave  
83  
84 City MIAMI FL 85 Zip Code 33147

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.

12. OFFICERS AND DIRECTORS

|                |                  |                                            |
|----------------|------------------|--------------------------------------------|
| TITLE          | TANIA R. MARTIN  | <input checked="" type="checkbox"/> DELETE |
| NAME           | 520 SE 3rd St    |                                            |
| STREET ADDRESS | HIALEAH FL 33010 |                                            |
| 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  |                  |                                            |
| TITLE          |                  | <input type="checkbox"/> DELETE            |
| NAME           |                  |                                            |
| STREET ADDRESS |                  |                                            |
| CITY- ST- ZIP  |                  |                                            |
| TITLE          |                  | <input type="checkbox"/> DELETE            |
| NAME           |                  |                                            |
| STREET ADDRESS |                  |                                            |
| CITY- ST- ZIP  |                  |                                            |

|                   |                                              |                                                                              |
|-------------------|----------------------------------------------|------------------------------------------------------------------------------|
| 13.               | ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS |                                                                              |
| 11 TITLE          | PD                                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME           | Jorge Fernandez                              |                                                                              |
| 13 STREET ADDRESS | 8430 NW 32nd Ave                             |                                                                              |
| 14 CITY- ST- ZIP  | MIAMI FL 33147                               |                                                                              |
| 21 TITLE          |                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22 NAME           | 000003161620--4                              |                                                                              |
| 23 STREET ADDRESS | -03/08/00--01016--009                        |                                                                              |
| 24 CITY- ST- ZIP  | ****150.00 ****150.00                        |                                                                              |
| 31 TITLE          |                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME           |                                              |                                                                              |
| 33 STREET ADDRESS |                                              |                                                                              |
| 34 CITY- ST- ZIP  |                                              |                                                                              |
| 41 TITLE          |                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME           |                                              |                                                                              |
| 43 STREET ADDRESS |                                              |                                                                              |
| 44 CITY- ST- ZIP  |                                              |                                                                              |
| 51 TITLE          |                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME           |                                              |                                                                              |
| 53 STREET ADDRESS |                                              |                                                                              |
| 54 CITY- ST- ZIP  |                                              |                                                                              |
| 61 TITLE          |                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME           |                                              |                                                                              |
| 63 STREET ADDRESS |                                              |                                                                              |
| 64 CITY- ST- ZIP  |                                              |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2)(b), 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. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2000 FEB 22 PM 3:51