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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S29761** (1)

1. Corporation Name

R & R SUPERMARKET, INC.

Principal Place of Business

**3625 N.W. 191 ST.
MIAMI FL 33180-2545**

Mailing Address

**3625 N.W. 191 ST.
MIAMI FL 33180-2545**



3. Date Incorporated or Qualified
02/06/1991

3a. Date of Last Report
07/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GENAO, BELKYS
3625 N.W. 191 ST.
MIAMI FL**

81 Name

JOSE ARCADIO PENA

82 Street Address (P.O. Box Number is Not Acceptable)

3625 NW 191 Street

83

84 City

Miami

FL

85 Zip Code

33180

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

Jose Arcadio Pena

JOSE ARCADIO PENA

02-20-96

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input type="checkbox"/> DELETE
NAME	PENA, JOSE ARCADIO	
STREET ADDRESS	8651 SW 33 TERRACE	
CITY-STATE-ZIP	MIAMI FL	
TITLE	GENAO, HECTOR	<input checked="" type="checkbox"/> DELETE
NAME	GENAO, HECTOR	
STREET ADDRESS	12000 N.W. 88th Ct	
CITY-STATE-ZIP	MIAMI FL	
TITLE	GENAO, BELKYS	<input checked="" type="checkbox"/> DELETE
NAME	GENAO, BELKYS	
STREET ADDRESS	10000 N.W. 88th Ct	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JOSE ANDERSON PENA	
4.3 STREET ADDRESS	7010 NW 386 Street Apt 206	
4.4 CITY-STATE-ZIP	Miami, FL 33015	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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 119.07(3)(k), 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.

SIGNATURE:

Jose Arcadio Pena

JOSE ARCADIO PENA -President 02-20-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 885-5600

CR2E034 (12/95)