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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # 170116



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 06, 1999 8:00 am Secretary of State

05-06-1999 90154 045 ***158.75

1. Corporation Name									
PAYFAIR FOOD STORES, INC.									
] (4814) (1811 18614 1414) (1881)	AND ONE AND D		Bibli Bibli ibili
Principal Place of Business Mailing Address						f 1001&1 (64) (98)0 (018) (400) (M M M M M M M M M M		#1011 VIDLE 1901
7000 NW 32 AVE 7000 NW 32 AVE									
P O BOX 520695 P O BOX 520695						DO NOT WRITE IN THIS SPACE			
MIAMI FL 33152 MIAMI FL 33152						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
					1	te incorporated or Qualifed 6/09/1954			
Principal Place of Business 2a. Mailing Address						1 Number		Δ.	pplied For
–	ace of business	26				5-0036574		 -	ot Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.									Additional
22					5. Ce	rtifcate of Status Desired	□ ✓		equired
City & State City & State					6 . Ele	ection Campaign Financing		\$5.00	May Be
23 28					Trı	ust Fund Contribution		Added	to Fees
Zip	Country	Zip	Country	<i>'</i>	8. Thi	is corporation owes the curr	ent year Inta		
24	25		30			rsonal Property Tax.		Yes	No
	9. Name and Address of Curren	t Registered Agent	81	1 31	10. Na	eme and Address of New I	Registered /	Agent	
CALVIN MILLER				Name					
7000 N.W. 32ND AVENUE MIAMI FL 33147			82	Street	Address (P.O.	Box Number is Not Accept	able)		
			83						
87-13 (0)	/ 2 33.1 //		"						
			84	City			FL	85 Zip	Code
11 Dureuant	to the provisions of Sections 607.050	s the abov	e-named	corporation su	bmits this statement for the	purpose of	changing its	registered	
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was au	ithorized by	the corp	oration's board	of directors. I hereby acce	pt the appoir	itment as re	egistered
-	m tamiliar with, and accept the obligation	ions of, Section 607.0303, Flori	ua Statutes	o.					
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Age	nt signature r	required when reinst		DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADD	DITIONS/CHANGES TO OF	FICERS AN		
TITLE	P DELETE		1.1 TITLE	1.1 TITLE				Change	☐ Addition
NAME	CALVIN MILLER		1.2 NAME	1.2 NAME					i
STREET ADDRESS			1.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP					
TITLE			2.1 TITLE	2.1 TITLE				☐ Change	☐ Addition
NAME	LEWIS THOMAS		2.2 NAME						,
STREET ADDRESS	7000 NW 32ND AVENUE			2.3 STREET ADDRESS					•
CITY-ST-ZIP	"MIAMI"FL"	G ACT ETE	2. 4 CITY-	ST-ZIP				Change	Addition
TITLE	1		3.1 TITLE		C			Change	A MUNION
NAME (HARRIS, ERNEST E. 6430 SW 120TH STREET		3.2 NAME		JAMES	H. RINES			
STREET ADDRESS				TADDRESS	7000 N	W 32nd AVE			
CITY-ST-ZIP	MIAMI FL.	☐ DELETE	3.4. CITY-	S1-ZIP	MIAMI,	FLORIDA -		☐ Change	Addition
TITLE NAME	LEWIS THOMAS		4. 2 NAME						_
STREET ADDRESS	7000 N.W. 32ND AVENUE			T ADDRESS					
CITY-ST-ZiP	MIAMI FL		4.4 CITY-5						
TITLE	mirana i C	DELETE	5.1 TITLE)1-ZII-	 			Change	Addition
NAME		—	5.2 NAME						
STREET ADDRESS			5.3 STREE	TADDRESS					
CITY-ST-ZIP			5.4 CITY- 8	ST-ZIP					
TITLE	☐ DELETE 5		6.1 TITLE					Change	☐ Addition
NAME			6.2 NAME						
STREET ADDRESS	,		6.3 STREE	TADDRESS					
			6.4 CITY-9	RT- 71P	l				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR