FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT **1995**	FLORIDA DEPARTMENT OF STATE
	Sandra B. Mortham
	Secretary of State
	DIVISION OF CORPORATIONS

95 APR 27 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **455007** **(5)**

1. Corporation Name

RAY'S MARKET, INC.

Principal Place of Business	Mailing Address
1707 NW 6TH ST	**1707 NW 6TH ST**
FT LAUDERDALE FL 33311	**FT LAUDERDALE FL 33311**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
06/19/1974	**04/19/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	**59-1542572**	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23	28		
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No
24	25	29	30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name
HASAN, GIHAD O	82 Street Address (P.O. Box Number is Not Acceptable)
7421 S.W. 18TH ST.	83
PLANTATION FL 33317	
	84 City **FL** 85 Zip Code

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 _____

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	**PD**	1 1 TITLE		☐ Change	☐ Addition
NAME	**HASAN, GIHAD O**	1 2 NAME			
STREET ADDRESS	**7421 S.W. 18TH ST.**	1 3 STREET ADDRESS			
CITY-ST-ZIP	**PLANTATION FL**	1 4 CITY-ST-ZIP			
TITLE		2 1 TITLE		☐ Change	☐ Addition
NAME		2 2 NAME			
STREET ADDRESS		2 3 STREET ADDRESS			
CITY-ST-ZIP		2 4 CITY-ST-ZIP			
TITLE		3 1 TITLE		☐ Change	☐ Addition
NAME		3 2 NAME			
STREET ADDRESS		3 3 STREET ADDRESS			
CITY-ST-ZIP		3 4 CITY-ST-ZIP			
TITLE		4 1 TITLE		☐ Change	☐ Addition
NAME		4 2 NAME			
STREET ADDRESS		4 3 STREET ADDRESS			
CITY-ST-ZIP		4 4 CITY-ST-ZIP			
TITLE		5 1 TITLE		☐ Change	☐ Addition
NAME		5 2 NAME			
STREET ADDRESS		5 3 STREET ADDRESS			
CITY-ST-ZIP		5 4 CITY-ST-ZIP			
TITLE		6 1 TITLE		☐ Change	☐ Addition
NAME		6 2 NAME			
STREET ADDRESS		6 3 STREET ADDRESS			
CITY-ST-ZIP		6 4 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 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: *GIHAD O. HASAN*   *Gihad O. Hasan*   4/22/95   463-8651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

G19701 CP