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Feb 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 455007 (5)

1. Corporation Name
RAY'S MARKET, INC.



Principal Place of Business: 1707 NW 6TH ST FT LAUDERDALE FL 33311
Mailing Address: 1707 NW 6TH ST FT LAUDERDALE FL 33311-7841

3. Date Incorporated or Qualified 06/19/1974	3a. Date of Last Report 03/13/1996
4. FEI Number 59-1542572	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
HASAN, GIHAD O
7421 S.W. 18TH ST.
PLANTATION FL 33317

10. Name and Address of New Registered Agent
81 Name: ABRAHIM, ABUL-KHAIR.
82 Street Address (P.O. Box Number is Not Acceptable): 11109 NW 39th St 203
83 City: SUNRISE, FL
84 City: SUNRISE 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 607.0502, Florida Statutes.

SIGNATURE: *Abraham Abul-Khair*
Signature, typewritten name of registered agent, and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PT HAMAD, RICK	<input checked="" type="checkbox"/>
NAME	100 NW 76TH AVE 302	
STREET ADDRESS	PLANTATION FL	
CITY-ST-ZIP		
TITLE	S ABRAHIM, ABUL-KHAIR	<input type="checkbox"/>
NAME	11109 NW 39TH ST 203	
STREET ADDRESS	SUNRISE FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	PRESIDENT, TREASURER.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	ABRAHIM; ABUL KHAIR. P/T.		
2.3 STREET ADDRESS	11109 NW 39th St 203		
2.4 CITY-ST-ZIP	SUNRISE FL		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: *Abraham Abul-Khair*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0269476

CR2E034 (9/96)