FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 10 PM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F35443 (3)

T.S.F. FOOD STORES, INC.

18505 W. DIXIE HIGHWAY
MIAMI FL 33180

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MIAMI FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 05/19/1981

3a. Date of Last Report: 08/04/1994

4. FEI Number: 59-2093562 — Applied For / Not Applicable

5. Certificate of Status Desired: ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: ☐ $5.00 May Be Added to Fees

8. Does corporation qualify for exemption under § 196.012 Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SOOD, SANJAY
6216 SW 139TH COURT
MIAMI FL 33183

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Section [illegible] of the 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. The 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 [illegible] Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P D
NAME	KHAN, MOHAMMED A.
STREET ADDRESS	7035 N W 186TH ST
CITY-ST-ZIP	MIAMI FL
TITLE	T
NAME	SOOD, SANJAY
STREET ADDRESS	6216 S W 139TH COURT
CITY-ST-ZIP	MIAMI FL
TITLE	DVP
NAME	KAPUT, VIKAS
STREET ADDRESS	6216 S W 139TH CT
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	JATINDER KAUR GILL
STREET ADDRESS	6070 TOWN COLONY DR
CITY-ST-ZIP	APT. 1023 BOCA RATON 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Director ☐ Change ☒ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report, including any amendment, does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 with an address, with an asterisk, or on an attachment with an address.

SIGNATURE: Vikas Kumar Kaput

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 05/02/95 (305) 935-6450

Date / Daytime Phone

0100303 CP