

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 22, 1999 8:00 am**  
**Secretary of State**

07-22-1999 90006 046 \*\*\*550.00

DOCUMENT # F35443 (3)

1. Corporation Name  
T.S.F. FOOD STORES, INC.

Principal Place of Business: 18505 W DIXIE HWY MIAMI, FL 33180  
Mailing Address: 18505 W DIXIE HWY MIAMI, FL 33180



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1337 WASHINGTON AVE MIAMI BEACH, FL 33139  
2a. Mailing Address: 1337 WASHINGTON AVE. MIAMI BEACH, FL 33139  
27. City & State: MIAMI BEACH, FL  
28. City & State: MIAMI BEACH, FL  
25. U.S.A. 29. 33139 30. U.S.A.

3. Date Incorporated or Qualified: 05/19/1981  
4. FEI Number: 59-2093562  
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. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

9. Name and Address of Current Registered Agent  
SOOD, SANJAY  
6216 S W 139TH COURT  
MIAMI FL 33183

10. Name and Address of New Registered Agent  
81. Name: VIKAS KAPUR  
82. Street Address (P.O. Box Number is Not Acceptable): 17323 S.W. 32 LANE  
83.  
84. City: MIRAMAR FL 85. Zip Code: 33029

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: *Vikas Kapur*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/15/99  
DATE

12. OFFICERS AND DIRECTORS	
TITLE: P D	<input type="checkbox"/> DELETE
NAME: KHAN, MOHAMMEDDA.	
STREET ADDRESS: 7035 N W 186th ST	
CITY-ST-ZIP: MIAMI FL	
TITLE: T	<input checked="" type="checkbox"/> DELETE
NAME: SOOD, SANJAY	
STREET ADDRESS: 6216 S W 139TH COURT	
CITY-ST-ZIP: MIAMI FL	
TITLE: DVP	<input type="checkbox"/> DELETE
NAME: KAPUR, VIKAS	
STREET ADDRESS: 6216 S W 139TH CT	
CITY-ST-ZIP: MIAMI FL	
TITLE: D	<input type="checkbox"/> DELETE
NAME: KAPOOR, JATINDER	
STREET ADDRESS: 6079 TOWN COLONY DR APT 1023	
CITY-ST-ZIP: BOCA RATON FL	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME:	
1.3 STREET ADDRESS:	6305 OCEAN DRIVE
1.4 CITY-ST-ZIP:	MARGATE, FL 33063
2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME:	
2.3 STREET ADDRESS:	
2.4 CITY-ST-ZIP:	
3.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	17323 S.W. 32 LANE
3.4 CITY-ST-ZIP:	MIRAMAR, FL 33029
4.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	9297 OLMSTEAD DRIVE
4.4 CITY-ST-ZIP:	LAKE WORTH, FL 33467
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-ST-ZIP:	

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: *Vikas Kapur* VIKAS KAPUR 7-15-99 305-672-3480  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (11/98)