

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY 20 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F53121** (2)

1. Corporation Name:
INDIAN GROCERY, INC.

Principal Place of Business: **C/O MIRZA F. LADHA
2342 DOUGLAS RD.
CORAL GABLES FL 33134**

Mailing Address: **C/O MIRZA F. LADHA
2342 DOUGLAS RD.
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/03/1981	3a. Date of Last Report 03/18/1994
4. FEI Number 59-2150496	Applied For <input type="checkbox"/> 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 delinquent tax under 19-1205, Florida Statute. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**LADHA, MIRZA F.
2342 DOUGLAS RD.
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City & State	
84. City	85. Zip Code

11. Pursuant to the provisions of Sections 607.0942 and 607.1508, Florida Statute, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as 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 aware of and accept the implications of Sections 607.0905, Florida Statute.

SIGNATURE: _____ 12. Registered Agent (see all other registrations) _____

12. OFFICERS AND DIRECTORS

1. NAME	D LADHA, FARDIA M
2. STREET ADDRESS	2342 DOUGLAS RD
3. CITY, ST, ZIP	CORAL GABLES, FL 00000
4. NAME	DP LADHA, MIRZA F
5. STREET ADDRESS	2342 DOUGLAS RD
6. CITY, ST, ZIP	CORAL GABLES, FL 00000
7. NAME	
8. STREET ADDRESS	
9. CITY, ST, ZIP	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	
14. STREET ADDRESS	
15. CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. STREET ADDRESS	
18. CITY, ST, ZIP	
19. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. STREET ADDRESS	
21. CITY, ST, ZIP	
22. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. STREET ADDRESS	
24. CITY, ST, ZIP	
25. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. STREET ADDRESS	
27. CITY, ST, ZIP	
28. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
29. STREET ADDRESS	
30. CITY, ST, ZIP	
31. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. STREET ADDRESS	
33. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 194.021, Florida Statute. I further certify that the information made that in the 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 receive this report as required by Chapter 607, Florida Statute, and that my name appears in Block 12 or Block 13 of this report or as an attachment with an address.

SIGNATURE: *Mirza Ladha*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-1995 (305) 448-6864