

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 23 PM 3: 23

DOCUMENT # H76385 (4)

1. Corporation Name
IMPORTED DELI & FOOD STORE, INC.

Principal Place of Business % SUMALEE SUTEERACHAISKUL 214 - 67TH STREET MIAMI BEACH FL 33141	Mailing Address % SUMALEE SUTEERACHAISKUL 214 - 67TH STREET MIAMI BEACH FL 33141
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/17/1985		3a. Date of Last Report 03/11/1994	
2. Principal Place of Business		4. FEI Number 59-2578197	
21	26	Applied For Not Applicable	
Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
22	27	7. This corporation has ability for intangible tax under 5-109.039, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
City & State			
23	28		
Zip	Country		
24	25		
29	30		

9. Name and Address of Current Registered Agent

**MAHAPIROM, SUVAEWTA
 214 - 67TH STREET
 MIAMI BEACH FL 33141**

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 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 of board or previous record of registered agent and title if applicable. (WRITE Registered Agent signature required after 1/1/97)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	PDV MAHAPIROM, SUVAEWTA 1340 N.E. 131ST STREET N. MIAMI FL	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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(6)(c), 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 the report as required by Chapter 107, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or both, as attached with an address.

SIGNATURE: *[Signature]* (SUVAEWTA MAHAPIROM) **2/11/95** (A05) 861-9445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR