

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # H96325 (6)  
1. Corporation Name  
S.O.S. GROCER, INC.



Principal Place of Business Mailing Address  
1952 N.E. 49TH ST.  
POMPANO BEACH FL 33064  
1952 N.E. 49TH ST.  
POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1952 NE 49ST		26 P.O. Box 51487		01/27/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 L		59-2636576	
City & State		City & State		Applied For	
23 POMP BCH		28 Light house PT		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33064		29 33074		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 BROWARD		30 BROWARD		<input type="checkbox"/> \$5.00 May Be Added to Fees	
26		27		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
27		28		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KHOJA, SHABBIR				81 Name SALEEM GHANCHI			
1952 NE 49TH STREET				82 Street Address (P.O. Box Number is Not Acceptable)			
POMPANO BEACH FL 33064				1952 NE 49ST			
POMP BCH, FL				83			
33064				POMP BCH, FL			
				84 City			
				POMP BCH			
				FL			
				85 Zip Code			
				33064			

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 Saleem Ghanchi DATE 4/27/98  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALEEM, GHANCHI	1.2 NAME	
STREET ADDRESS	1952 NE 49TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>KHOJA, SHABBIR</del>	2.2 NAME	V.P. ASLAM GHANCHI
STREET ADDRESS	1952 NE 49ST	2.3 STREET ADDRESS	5205 NE 20TH AVE
CITY-ST-ZIP	POMPANO BCH FL	2.4 CITY-ST-ZIP	POMP BCH FL 33064
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASLAM GHANCHI	3.2 NAME	
STREET ADDRESS	5205 N.E. 20TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMP BCH FL 33064	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Saleem Ghanchi DATE: 4/27/98 (954) 427-7760

CR2E034 (10/97)