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

CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Socrelary of State DIVISION OF CORPORATIONS

DOCUMENT #

AMERICAN CHEMIST SHOPS, INC.

FILED May 01 1997 8:00am Secretary of State

Principal Place o	of Business	Mailing ∧ddress							
% AHMAD ALLY 486 N.E. 125TH 8 N. MIAMI FL 3316		% AHMAD ALLY 488 N.E. 125TH STREET N. MIAMI FL 33161-4754							
					[3	· ·		Date of Last Report 3/27/1996	
2. Principal Place of Business 21		28. Mailing Address 26			 FE! Number 59-2724015 	Applied For Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State	·			 Election Campaign Financing Trust Fund Contribution 		\$5.00 May Be Added to Fees	
Zip 24	Country 25	Ζ φ	30 Cou	intry		3. This corporation has liability for i	ntangible t Yes 🔲		
9. Name and Address of Current Registered Agent					10	Name and Address of New Re	gistered A	gent	
ALLY, AHMAD 488 N.E. 125TH STREET N. MIAMI FL					82 Street Address (P.O. Box Number is Not Acceptable)				
				83					

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 re agent. I a	egistered agent, or both, in the State of Florida. Such change was n familiar with, and accept the obligations of, Section 607.0505, Ft	authorized by the corporida Statutes.	poration's board of directors. I hereby accept the appointment as registered				
SIGNATURE	Signature, typad or peint of name of registered agent and title if applicable (NO)	E. Birgistered Agenil signature	required when remistaning) DATE				
12.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	DP DELETE	1.1 1ITEF	Change Addition				
NAME	ALLY, AHMED	1.2 NAME					
STREET ADDRESS	488 N.E. 125TH ST	1.3 STREET ADDRESS					
CITY-ST-ZIP	N. MIAMI FL	1.4 CITY - ST- ZIP	33161				
TITLE	DILETE	2.1 1111.6	☐ Change ☐ Addition				
NAME		2.2 NAME					
STREET ADDRESS		2.3 STREET ADOPESS					
CITY-ST-ZIP		2 4 C(1)Y - S1 - Z(I)*					
TITLE	☐ DILETE	3 1 1111 E	Change Addilion				
NAME		3.2 NAME					
STREET ADDRESS		3 3 STREET ADDRESS					
CITY-ST-ZIP	. <u> </u>	3 4. CHY - S1 - 70°					
TITLE	DELETE	4.1 1IIL l	☐ Change ☐ Addilion				
NAME		4 2 NAME					
STREET ADDRESS		43 STREET ADDRESS					
CITY-ST-ZIP		4.4 CHY-S1-ZIP					
TITLE	☐ DELETE	51 THEF	Change Addition				
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CHY S1-ZIP					
TITLE	DELETE	6 1 THTLE	Change Addition				
NAME		6.2 NAME					
CTOCCT ANDDECC		6.3 STUELT ADDRESS					

14. I do 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.