

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 FEB 23 PM 3: 05

DOCUMENT # **K79257**

(7)

1. Corporation Name

**DOMIATI & MOURTADA, INC.**

Principal Place of Business

**RITE WAY FOOD MARKET  
13 SE 11TH AVE.  
POMPANO BCH. FL 33080  
US**

Mailing Address

**RITE WAY FOOD MARKET  
13 SE 11TH AVE.  
POMPANO BCH. FL 33080  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/11/1989**

3b. Date of Last Report

**04/19/1994**

4. FEI Number

**65-0111310**

Applied For

☐ Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOMIATI, JAMAL  
13 SE 11TH AVE  
POMPANO BEACH FL 33080**

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 required of principal officer or director of corporation, agent or trustee of partnership, or officer or director of corporation)

(Signature required of principal officer or director of corporation, agent or trustee of partnership, or officer or director of corporation)

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                        |
|----------------|------------------------|
| TITLE          | <b>DP</b>              |
| NAME           | <b>DOMIATI, JAMAL</b>  |
| STREET ADDRESS | <b>13 SE 11TH AVE.</b> |
| CITY, ST, ZIP  | <b>POMPANO BCH. FL</b> |
| TITLE          | <b>DVP</b>             |
| NAME           | <b>MORTADA, HAMMAD</b> |
| STREET ADDRESS | <b>13 SE 11TH AVE.</b> |
| CITY, ST, ZIP  | <b>POMPANO BCH FL</b>  |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY, ST, ZIP  |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY, ST, ZIP  |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY, ST, ZIP  |                        |

|                   |                                                                   |
|-------------------|-------------------------------------------------------------------|
| 14 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 15 NAME           |                                                                   |
| 16 STREET ADDRESS |                                                                   |
| 17 CITY, ST, ZIP  |                                                                   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |                                                                   |
| 23 STREET ADDRESS |                                                                   |
| 24 CITY, ST, ZIP  |                                                                   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |                                                                   |
| 33 STREET ADDRESS |                                                                   |
| 34 CITY, ST, ZIP  |                                                                   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |                                                                   |
| 43 STREET ADDRESS |                                                                   |
| 44 CITY, ST, ZIP  |                                                                   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |                                                                   |
| 53 STREET ADDRESS |                                                                   |
| 54 CITY, ST, ZIP  |                                                                   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |                                                                   |
| 63 STREET ADDRESS |                                                                   |
| 64 CITY, ST, ZIP  |                                                                   |

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 199.032, 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. I am an officer or director of the corporation or its 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:

*[Signature]*

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/18/95

905-786-8868