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Feb 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # M37456

1. Corporation Name

A & N FOOD CENTER, INC.

Principal Place of Business	Mailing Address
4680 N.E. 2ND AVE. MIAMI, FL 33137	COSGROVE LAW OFFICES 201 W. FLAGLER ST. MIAMI FL 33130

3. Date Incorporated or Qualified: 8/27/86
3a. Date of Last Report: 5/1/96

2. Principal Place of Business	2a. Mailing Address
21 4680 N.E. 2ND AVE.	26 COSGROVE LAW OFFICES
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. 201 W. FLAGLER ST.
23 City & State MIAMI FLORIDA	28 City & State MIAMI FL
24 Zip 33137 25 Country	29 Zip 33130 30 Country

4. FEI Number: 59-2739036 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$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
JOHN F. COSGROVE, ESQ. 201 West FLAGLER ST. MIAMI FL 33130	81 Name JOHN F. COSGROVE, ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 201 West FLAGLER ST. 83 84 City MIAMI FL 85 Zip Code 33130

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 X [signature] X 2/4/97
Signature, type or print name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	☒ DELETE	1.1 TITLE	PRESIDENT / TREASURER / SECRETARY	☒ Change ☐ Addition
NAME	HUSAM BAHHUR		1.2 NAME	JAMELA BAHHUR	
STREET ADDRESS	4680 N.E. 2nd Ave.		1.3 STREET ADDRESS	4680 N.E. 2ND Avenue	
CITY-ST-ZIP	MIAMI FL 33137		1.4 CITY-ST-ZIP	MIAMI, FL 33137	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		CC 2/11
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	900002085489	☐ Change ☐ Addition
NAME			6.2 NAME	-02/12/97--01085--010	
STREET ADDRESS			6.3 STREET ADDRESS	***165.00	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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.

SIGNATURE: X Jamela Bahhur X 2-4-97 305-573-6228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #