FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State
03-09-1999 90119 029 ****70.00

DOCUMENT # N98000004612 ok

1. Corporation Name

MIAMI BEACH GROCERY AND CONVENIENT STORES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1420 ALTON ROAD MIAMI BEACH, FL. 33139	1420 ALTON ROAD MIAMI BEACH, FL. 33139

2. Principal Place of Business 21 1424 ALTON ROAD Suite, Apt. #, etc. 22 City & State 23 MIAMI BEACH, FL. Zip 24 33139 Country 25	2a. Mailing Address 26 1424 ALTON ROAD Suite, Apt. #, etc. 27 City & State 28 MIAMI BEACH, FL. Zip 29 33139 Country 30	3. Date Incorporated or Qualified AUGUST 11, 1998 4. FEI Number ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARTIN IGNACIO TUCHBAUM 1770 NE 147 ST. MIAMI, FL. 33139	81 Name: MARTIN IGNACIO TUCHBAUM 82 Street Address (P.O. Box Number Is Not Acceptable): 1424 ALTON ROAD 83 84 City: MIAMI BEACH FL 85 Zip Code: 33139

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] 02/02/99
Signature, typed or printed 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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MARTIN IGNACIO TUCHBAUM		1.2 NAME		
STREET ADDRESS	1770 NE 147 ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL. 33181		1.4 CITY-ST-ZIP		
TITLE	VP/D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KAPUR, VIKAS		2.2 NAME		
STREET ADDRESS	17323 SW 32ND LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL. 33029		2.4 CITY-ST-ZIP		
TITLE	T/S/D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	REZWAN, MIR S		3.2 NAME		
STREET ADDRESS	7926 EAST DR. #103		3.3 STREET ADDRESS		
CITY-ST-ZIP	N. BAY VILLAGE, FL. 33141		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME			4.2 NAME	ABRAHAM ABRAMOVICH	
STREET ADDRESS			4.3 STREET ADDRESS	1698 ALTON ROAD	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33139	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	ANTONIO LOPEZ	
STREET ADDRESS			5.3 STREET ADDRESS	1698 ALTON ROAD	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33139	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	OSCAR CASTELLON	
STREET ADDRESS			6.3 STREET ADDRESS	1698 ALTON ROAD	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33139	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 02/02/99 (305)538-5078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #