SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -1 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000008798 (9)**

1. Corporation Name
1993 TONY'S PANTRY, INC.

Principal Place of Business	Mailing Address
14899 N.E. 18TH AVE. NORTH MIAMI FL 33181	14899 N.E. 18TH AVE. NORTH MIAMI FL 33181

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
02/04/1993	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number 65-0383131 ☐ 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
~~KATTURA, SHAFIQ A~~ ~~20760 N.E. 4TH COURT~~ ~~#108~~ ~~N MIAMI BEACH FL 33179~~	81 Name: Manfred Gerber 82 Street Address (P.O. Box Number is Not Acceptable): 400 Kings Point Drive #1508 83: North Miami Beach, Fl. 33160 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 _____ DATE
Signature, type 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		
TITLE	D	11 TITLE	President	☐ Change ☒ Addition
NAME	~~KATTURA, SHAFIQ A~~	12 NAME	Manfred Gerber	
STREET ADDRESS	~~20760 N.E. 4TH CT. #108~~	13 STREET ADDRESS	400 Kings Point Drive #1508	
CITY-ST-ZIP	~~N MIAMI BEACH FL 33179~~	14 CITY-ST-ZIP	North Miami Beach, Fl. 33160	
TITLE		21 TITLE	V.PRES.	☐ Change ☒ Addition
NAME		22 NAME	PATRICK BECKFORD	
STREET ADDRESS		23 STREET ADDRESS	14899 N.E 18 AVE. APT. 6.J	
CITY-ST-ZIP		24 CITY-ST-ZIP	NORTH MIAMI, FL. 33181	
TITLE		31 TITLE	SEC. TREAS.	☐ Change ☒ Addition
NAME		32 NAME	LOIS BECKFORD	
STREET ADDRESS		33 STREET ADDRESS	14899 N.E 18 AVE	
CITY-ST-ZIP		34 CITY-ST-ZIP	NORTH MIAMI FL. 33181	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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 119.07(3)(k), 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: FIRCO S.KATTURA EX.OFF. 7-24-95 947-0409 947.861?
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004249 CP