

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000077384 (4)

1. Corporation Name

NICK'S NEIGHBORHOOD GROCERIES, INC.



Principal Place of Business

Mailing Address

9401 NW 17TH AVE
~~18260 NE 19TH AVE - SUITE 202~~
MIAMI FL 33147
US

~~% ROESNFELD STEIN & SUGERMAN~~
~~18260 NE 19TH AVE - SUITE 202~~
~~MIAMI FL 33162~~

3. Date Incorporated or Qualified
11/09/1993

3a. Date of Last Report
02/27/1995

2. Principal Place of Business

2a. Mailing Address

21 **9401 N.W. 17 AVENUE**

26 **9401 N.W. 17 AVENUE**

4. FEI Number

65-0455520

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

23 City & State

28 City & State

MIAMI FLORIDA

MIAMI FLORIDA

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

33147

DADE

33147

DADE

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

ROSENFELD, ALEXANDER M
% ROESNFELD STEIN & SUGERMAN
18260 NE 19TH AVE - SUITE 202
MIAMI FL 33162

81 Name

DEORAM FAGU

82 Street Address (P.O. Box Number is Not Acceptable)

9401 N.W. 17TH AVENUE

83

84 City

MIAMI

FL

85 Zip Code

33147

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

Deoram Fagu (President)
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

16th April, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **FAGU, DEORAM**
CITY - ST - ZIP **% 18260 NE 19TH AVE SUITE 202 NORTH MIAMI BEACH FL 33162**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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: *Deoram Fagu (President)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16th April, 1996 305-694-0713
Date Daytime Phone #

CR2E034 (12/95)