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 # **P93000078141 (7)**

1. Corporation Name

FOOD PLUS 107, INC.

Principal Place of Business	Mailing Address
~~6900 NW 16 AVE~~ 6900 W. 16 Ave HIALEAH FL 33014	~~6900 NW 16 AVE~~ HIALEAH FL 33014

3. Date Incorporated or Qualified 11/05/1993	3a. Date of Last Report 04/20/1995
4. FEI Number 65-0593716	☐ 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

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

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

9. Name and Address of Current Registered Agent

GODIL, ABDUL
4255 N UNIVERSITY
SUNRISE FL 33351

10. Name and Address of New Registered Agent

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 607.0202 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)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	GODIL, ABDUL		12 NAME	
STREET ADDRESS	4255 N, UNIVERSITY DR. #314		13 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33351		14 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	SHAKOOR, AFROZ		22 NAME	
STREET ADDRESS	57A W 20TH AVE #309		23 STREET ADDRESS	1124 W 74 St
CITY-ST-ZIP	HIALEAH FL 33012		24 CITY-ST-ZIP	Hialeah FLA 33014
TITLE	FARHAT AMIN	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	V-PRES FARHAT AMIN
STREET ADDRESS	4255 N UNIVERSITY Dr		33 STREET ADDRESS	4255 N. UNIVERSITY Dr
CITY-ST-ZIP	SUNRISE FLA 33351		34 CITY-ST-ZIP	SUNRISE FLA 33351
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			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 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: A Afroz 3/12/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)

AFROZ SHAKOOR

CR2E034 (12/95)