

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 # P93000087883 (3)

1. Corporation Name

M & M FOOD STORE, INC.



Principal Place of Business

21101 NW 37TH AVE
MIAMI FL 33056

Mailing Address

21101 NW 37TH AVE
MIAMI FL 33056

3. Date Incorporated or Qualified
12/27/1993

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number
65-0456139

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

HASAN, TANVEER
21101 NW 37TH AVE
MIAMI FL 33056

10. Name and Address of New Registered Agent

81 Name
RIDA RAMADANE

82 Street Address (P.O. Box Number is Not Acceptable)
21101 NW 37 AVENUE

83 City
Miami

84 City
Miami FL 85 Zip Code
33056

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 607.0104, Florida Statutes.

SIGNATURE *Rida Ramadan* Rida RAMADAN (President) 5/10/96

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPSV	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, ELENA GARCIA	
STREET ADDRESS	21101 NW 37TH AVE	
CITY - ST - ZIP	MIAMI FL 33056	
TITLE	TS	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, ELENA GARCIA	
STREET ADDRESS	21101 NW 37TH AVE	
CITY - ST - ZIP	MIAMI FL 33056	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPSV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RIDA RAMADAN	
1.3 STREET ADDRESS	21101 NW 37 AVE	
1.4 CITY - ST - ZIP	MIAMI FL 33056	
2.1 TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RIDA RAMADAN	
2.3 STREET ADDRESS	21101 NW 37 AVE	
2.4 CITY - ST - ZIP	MIAMI FL 33056	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	200001833982	
5.3 STREET ADDRESS	-05/22/96--01021--022	
5.4 CITY - ST - ZIP	***200.00	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Rida Ramadan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

Date

305 620 5090

Daytime Phone

CP2E034 (12/95)