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FILED  
Mar 20 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000008042 (1)

1. Corporation Name

BOB'S FOOD MART, INC.

Principal Place of Business

1300 N.W. 79TH ST.  
MIAMI FL 33147

Mailing Address

1300 N.W. 79TH ST.  
MIAMI FL 33147-8214



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

01/24/1994

3a. Date of Last Report

02/22/1996

4. FEI Number

65-0469723

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

MOLINA, FERNANDO  
1300 N.W. 79TH ST.  
MIAMI FL 33147

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 607.0502 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

Signature, type and printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

1.2 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

1.3 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

1.4 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

1.5 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

1.6 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

1.7 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

1.8 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

1.9 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

1.10 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

7.1 TITLE  
7.2 NAME  
7.3 STREET ADDRESS  
7.4 CITY - ST - ZIP

8.1 TITLE  
8.2 NAME  
8.3 STREET ADDRESS  
8.4 CITY - ST - ZIP

9.1 TITLE  
9.2 NAME  
9.3 STREET ADDRESS  
9.4 CITY - ST - ZIP

10.1 TITLE  
10.2 NAME  
10.3 STREET ADDRESS  
10.4 CITY - ST - ZIP

11.1 TITLE  
11.2 NAME  
11.3 STREET ADDRESS  
11.4 CITY - ST - ZIP

12.1 TITLE  
12.2 NAME  
12.3 STREET ADDRESS  
12.4 CITY - ST - ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fernando Molina 3/17/97 - (305) 836-6683

Date

Daytime Phone #

CR2E034 (9/96)