

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90021 031 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



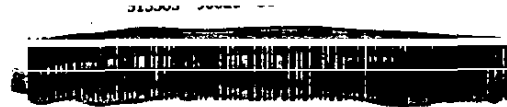
FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P94000018924 (8)**

1. Corporation Name  
**LEJEUNE FOOD MART, INC.**

Principal Place of Business  
**2581 EAST 8TH AVENUE  
 HIALEAH FL 33013**

Mailing Address  
**2581 EAST 8TH AVENUE  
 HIALEAH FL 33013**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/07/1994**

4. FEI Number

**65-0469443**

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 owes or has paid the current year Intangible  
 Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**YOUSIF, MAHIR W  
 2581 EAST 8TH AVENUE  
 HIALEAH FL 33013**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RAWDA CHOUKI</b>	
STREET ADDRESS	<b>2581 EAST 8TH AVE</b>	
CITY-ST-ZIP	<b>HIALEAH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>YOUSIF, MAHIR W.</b>	
STREET ADDRESS	<b>2581 EAST 8TH AVE</b>	
CITY-ST-ZIP	<b>HIALEAH FL</b>	
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		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: \_\_\_\_\_ Mahir W. Yousif 03-27-99 305-693-1811  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0123886