

**FILE NOW: FILING FEE AFTER MAY 1 IS 25.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000027763 (9)**

1. Corporation Name  
**152ND FOOD MART, INC.**



Principal Place of Business Mailing Address  
**11271 S.W. 152 ST. MIAMI FL 33157**

3. Date Incorporated or Qualified **04/12/1994** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business  
21 **11271 S.W. 152 ST**  
Suite, Apt. #, etc.  
22  
City & State **Miami Florida**  
23  
Zip **33157** Country  
24  
25  
2a. Mailing Address  
26 **11271 S.W. 152 ST**  
Suite, Apt. #, etc.  
27  
City & State **Miami Florida**  
28  
Zip **33157** Country  
29  
30

4. FEI Number **65-0481227** 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  
**MOROSKY, BEVERLY**  
**10460 SW 165 TER MIAMI FL 33157**  
**10960 S.W. 165 TER.**

10. Name and Address of New Registered Agent  
81 Name **Beverly MOROSKY**  
82 Street Address (P.O. Box Number is Not Acceptable) **10960 S.W. 165 TER (Home)**  
83 **Miami**  
84 City **Florida** FL 85 Zip Code **33157**

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 **Beverly Morosky**  
Signature, typed or printed name of registered agent and title if applicable

DATE **2/19/96**  
Agree I signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MOROSKY, BEVERLY	
STREET ADDRESS	10960 SW 165 TER	
CITY - ST - ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MOROSKY, TERRY	
STREET ADDRESS	10960 SW 165 TER	
CITY - ST - ZIP	MIAMI FL	
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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 employed to execute this report as required by Chapter 607, Florida Statutes; and that my name 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Beverly Morosky**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **2/19/96** DAYTIME PHONE # **305-251-6350**

CR2E034 (12/95)