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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000027763

1. Corporation Name 152ND FOOD MART, INC.	
Principal Place of Business	Mailing Address
11271 SW 152ND STREET MIAMI FL 33157 US	11271 S.W. 152 ST. MIAMI FL 33157

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90056 046 ***150.00

FOOD MART, INC.					
Principal Place of Business Mailing Address 11271 SW 152ND STREET 11271 S.W. 152 ST. MIAMI FL 33157 MIAMI FL 33157 US				111 1 1331	
			3. Date Incorporated or Qualifed 04/12/1994		
Place of Business	2a. Mailing Address	10204	1	<u> </u>	lied For
#, etc.	Suite, Apt. #, etc.	1300	5. Certificate of Status Desired	* \$8.7 5 Ad	
mi Houda	City & State	florida	Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	May Be
Country	Zip	Country 30	Personal Property Tax.	i⊒Yes []No
9. Name and Address of Curr	rent Registered Agent	1041	10. Name and Address of New Register	ed Agent	
ROSKY, BEVERLEY			dress (P.O. Box Number is Not Acceptable)		
MI FL 33157		83			
		84 City		85 Zip Co	ode
registered agent, or both, in the Sta	te of Florida. Such change was au	thorized by the corporat	tion's board of directors. I hereby accept the ap	pointment as regi	istered
Signature, typed or printed name of registered a	agent and title if applicable. (NOTE:	da Statutes. Registered Agent signature <i>r</i> eq <mark>uir</mark>	red when reinstating) DATE	-11-99	3
Signature, typed or printed name of registred a	agent and title if applicable. (NOTE: I	Registered Agent signature require	/		RS IN 12
Signature, typed or printed name of registred a OFFICERS	agent and title if applicable. (NOTE:	Registered Agent signature requirement 13.	red when reinstating) DATE	AND DIRECTOR Change	3
Signature, typed or printed name of registed a OFFICERS /	agent and title if applicable. (NOTE: I	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	red when reinstating) DATE		RS IN 12
Signature, typed or printed name of registed a OFFICERS / P MOROSKY, BEVERLY 10960 SW 165 TER	agent and title if applicable. (NOTE: I	Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstating) DATE		RS IN 12
Signature, typed or printed name of registed a OFFICERS / P MOROSKY, BEVERLY 10960 SW 165 TER MIAMI FL	agent and title if applicable. (NOTE: I	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	red when reinstating) DATE		RS IN 12
Signature, typed or printed name of registed a OFFICIERS / P MOROSKY, BEVERLY 10960 SW 165 TER MIAMI FL VP	agent and title if applicable. (NOTE: AND DIRECTORS DELETE	Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	red when reinstating) DATE	☐ Change	RS IN 12
Signature, typed or printed name of registed a OFFICIERS / P MOROSKY, BEVERLY 10960 SW 165 TER MIAMI FL VP MOROSKY, TERRY	agent and title if applicable. (NOTE: AND DIRECTORS DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	red when reinstating) DATE	☐ Change	RS IN 12
Signature, typed or printed name of registed a OFFICIERS / P MOROSKY, BEVERLY 10960 SW 165 TER MIAMI FL VP	agent and title if applicable. (NOTE: AND DIRECTORS DELETE	Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	red when reinstating) DATE	☐ Change	RS IN 12
Signature, typed or printed name of registed a OFFICIERS / P MOROSKY, BEVERLY 10960 SW 165 TER MIAMI FL VP MOROSKY, TERRY 10960 SW 165 TER	agent and title if applicable. (NOTE: AND DIRECTORS DELETE	Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS	red when reinstating) DATE	☐ Change	RS IN 12
Signature, typed or printed name of registed a OFFICIERS / P MOROSKY, BEVERLY 10960 SW 165 TER MIAMI FL VP MOROSKY, TERRY 10960 SW 165 TER	agent and title if applicable. (NOTE: I	A STATUTES. Registered Agent signature requires 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	red when reinstating) DATE	☐ Change	RS IN 12 Addition
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P MOROSKY, BEVERLY 10960 SW 165 TER MIAMI FL VP MOROSKY, TERRY 10960 SW 165 TER MIAMI FL MIAMI FL	agent and title if applicable. (NOTE: I AND DIRECTORS DELETE DELETE	Registored Agent signature requir 13. 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	red when reinstating) DATE	☐ Change ☐ Change ☐ Change	RS IN 12 Addition Addition
P MOROSKY, BEVERLY 10960 SW 165 TER MIAMI FL VP MOROSKY, TERRY 10960 SW 165 TER MIAMI FL MIAMI FL	agent and title if applicable. (NOTE: I	Registered Agent signature requir 13. 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	red when reinstating) DATE	☐ Change	RS IN 12 Addition
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	a of Business ID STREET In STREET ID STRE	a of Business ID STREET II 1271 S.W. 152 ST. MIAMI FL 33157 Iace of Business S.W. / S. St. 2a. Mailing Address 2b. // D.7 / S.W. Suite, Apt. #, etc. City & State 2country 2p 2p 33/57 9. Name and Address of Current Registered Agent IOSKY, BEVERLEY 10 SW 165TH TERRACE All FL 33157 Ito the provisions of Sections 607.0502 and 607.1508, Florida Statute Peristered agent or both in the State of Florida. Such change was all	Mailing Address ID STREET 11271 S.W. 152 ST. MIAMI FL 33157 Page 128 //37/ S.W. /53 St. #, etc. City & State	A of Business Description of Business Description of Business Description of Business Description of Business 2a. Mailing Address 2b. Mailing Address 2c. Mailing Address 4c. Ele Number 6c. Certificate of Status Desired 7c. Country 8c. Country 8c. Country 8c. Country 8c. This corporation owes the current year Personal Property Tax. 9c. Name and Address of Current Registered Agent 10c. Name and Address of New Register 10c. Name an	April 1271 S.W. 152 ST. MIAMI FL 33157 Bace of Business 2a. Mailing Address 2b. Mailing Address 2c. Mailing Address 4. FEI Number 65-0481227 Not Fee Rec 2c. Suile, Apt. #, etc. 2c. City & State 2c. City & State 2c. City & State 2c. Country 2c. Country 2c. Country 2c. Country 2c. State 2c. Country 2c. Country 2c. State 2c. Mailing Address 4. FEI Number 65-0481227 Not 7c. Certificate of Status Desired 7c. Status Desired 7c. Country 8c. Election Campaign Financing 7c. Trust Fund Contribution 7c. Country 8c. This corporation owes the current year intangible Personal Property Tax. 2c. Mailing Address 4. FEI Number 65-0481227 Not 7c. Country 8c. Thus Corporation owes the current year intangible Personal Property Tax. 2c. Mailing Address 4. Fee Rec 5. Certificate of Status Desired 7c. Country 8. This corporation owes the current year intangible Personal Property Tax. 1c. Mailing Address 1c. Country 1c. State of Findids Statutes, the above-named corporation submits this statement for the purpose of changing its represented appending the purpose of changing its represented appending the purpose of changing its represented appending to the purpose of changing its represented appending the purpose of changing its representations board of directors. I hereby accept the appointment as required appending the purpose of changing its representations board of directors. I hereby accept the appointment as required appending the p

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 suppliemental 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, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

305-251-6350