FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996						
DOCUMENT	#					

P94000046380 (9)

1. Corporation	n Name D PLUS SUPERMARKET	, INC.	,-,		# (B\$)(\$1) #10 10(1) B)4((B\$)(1)	NG HIL GAINLAGUS ALUKS AN	
Principal Place	of Business	Mailing Address					
6900 N.W. Miami FL :		6900 N.W. 7TH AVE MIAMI FL 33126	: .				
					3. Date Incorporated or Qualified 06/21/1994	3a. Date of Las 03/15	t Report 5/1995
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt. #	#. etc	Suite, Apt. #, etc.			65-0505079		Not Applicable 75 Additional
22	,, 5.6.	27			5. Certificate of Status Desired	1 7 7 7	PO Additional Se Required
City & State		City & State			6. Election Campaign Financing	\$5	.00 May Be
23 28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Countr	ý	8. This corporation has liability for		rs 199.032,
24	9. Name and Address of Cu	29 Irrent Registered Agent	30		Florida Statutes Yes 10. Name and Address of New F	No No	
	0, 110000000000000000000000000000000000		81	Name	TO, Nome and Addition of New I	logistered Agent	
SULE	MAN, ABDALLAH		82	Ctront	Address (P.O. Box Number is Not Acceptal	blol	
	N.W. 7TH AVE.		02	Sireer	Address (F.O. Box Norriber is Not Acceptal	леј	
MIAMI	FL 33126		83				
			84	City		85	Zip Code
11 Purcuant to	o the provisions of Sections 607.	0502 and 607 1509 Florida Statut	too the above	papped or	orporation submits this statement for the pu	FL	to resistand office
or registere	ed agent, or both, in the State of	Florida. Such change was authoriz	zed by the corp	poration's	board of directors. Thereby accept the app	xplose of changing riscontinuous of changing riscontinuous continuous continu	red agent. I am
SIGNATURE	in, and accept the obligations of	section 607.0505, Florida Statute:	S.				
	Signature, typed or printed name of registered	agent and title if applicable. (Ne	OTE Registered Age	nt signature n	required when reinstating)	DATE	
12.	, ·	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
THTLE	D Suleiman, abdallah	☐ DELETE	1. 1 TITLE			Chang	ge 🔲 Addition
NAME	6900 N.W. 7TH AVE.		1.2 NAME				
STREET ADDRESS	MIAMI FL 33126			I ADDRESS			
CITY-ST-ZIP TITLE	MATHER TO LEG	☐ DELETE	2. 1 TITLE	51-211		Chang	ge Addition
NAME		_	2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-ZIP			2.4 CITY -	ST - ZIP			
TITLE		DELETE	3. 1 TITLE			☐ Chang	ge 🔲 Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3. STREI	T ADDRESS			
CITY-ST-ZIP		☐ DELETÉ	3.4 CITY -	ST-ZIP		Chan.	on [7] Addition
TITLE NAME			4. 1 TITLE 4.2 NAME			☐ Chan	ge 🗌 Addition
STREET ADDRESS				T ADDRESS			•
CITY-ST-ZIP			4.4 CITY -				
TITLE		DELETE	5. 1 TITLE			Chang	ge Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-2IP			
TITLE		☐ DELETE	6. 1 TITLE			Chang	ge 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			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 kigal 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

CR2E034 (12/95)