FILED

03-03-1999 90127 016 ***150.00

lphaile now: filing fee after may 1ST is \$550.00

Mailing Address

AGS.R MW SATH ST

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000055926

1. Corporation Name

Principal Place of Business AGE D ANN EATH OT

54TH STREET FOOD MARKET, INC.

MIAMI FL 33127	MIAMI FL 33127					. DO NOT WR	ITE IN THIS	SPACE	
						3. Date Incorporated or Qualifect		- HOL	
								•	
		la Maria	A			-07/28/1994		11	Applied For
2. Principal Pl	ace of Business	2a. Mailing	Address			···		 -	Not Applicable
21		26				65-0508246			
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired			5 Additional Required
City & State	9	City & S	State			6. Election Campaign Financing		\$5,0	0 May Be
23		28				Trust Fund Contribution		Apide	ed to Fees
Zip	Country	Zip	_	Countr	у	8. This corporation owes the cu	rent year Inta	angjole	
24	25	29	29 30			Personal Property Tax.			
	9. Name and Address of Co	urrent Registered Aç	gent			10. Name and Address of New	Registered /	Agent	
				8	Name				ļ
	INEY, WILFRID M ESQ W FLAGLER ST					idress (P.O. Box Number is Not Acceptable) .			
	AI FL 33130			8:	2			•	
1410 34	MI 1 E 00100			0	1				
				84	4 City		FL	85 Z	ip Code
						Alice Addition to the Alice			ite registered
office or re agent. I ar	egistered agent, or both, in the S m familiar with, and accept the c	State of Florida. Such obligations of, Section	change was au 607.0505, Florid	thorized b da Statute	y the corpo s.	corporation submits this statement for th ration's board of directors, I hereby acco	ept the appoil	itment as	i registerea
SIGNATÙRE	Signature, typed or printed name of registers	ed agent and title if applicable	(NOTE F	Registered Ap	ent signature re	equired when reinstating)	DATE		
12.		S AND DIRECTORS		13.		ADDITIONS/CHANGES TO O	FICERS AN	D DIREC	TORS IN 12
TITLE	DPST		DELETE	1.1 TITLE	T			Chang	
NAME	FARRAJ, RIBHEIH			1.2 NAME					
STREET ADDRESS	485-B NW 54TH ST			1.3 STRE	ET ADDRESS				ļ
CITY-ST-ZIP	MIAMI FL 33127			1.4 CITY-					
TITLE	INITUM I C GOTE!		☐ DELETE	2.1 TITLE				☐ Chang	ge Addition
NAME				2.2 NAME	ĺ				
STREET ADDRESS					ET ADDRESS				
				2. 4 CITY					
CITY-ST-ZIP TITLE	<u> </u>		DELETE	3.1 TITLE				☐ Chang	ge Addition
NAME			-	3.2 NAME	1				
STREET ADDRESS				•	ET ADDRESS				
				3.4. CITY-					
CITY-ST-ZIP TITLE			☐ DELETE	4.1 TITLE				Chang	ge [] Addition
NAME				4 2 NAMI			•		ı
					ET ADDRESS				
STREET ADDRESS				4.4 CITY-	i				
CITY-ST-ZIP TITLE			DELETE	5.1 TITLE				Chang	ge
				5.1 MAME				_	
NAME				•	ET ADDRESS				
STREET ADDRESS				5.4 CITY-					
CITY-ST-ZIP			DELETE	6.1 TITLE				☐ Chang	ge () Addition
TITLE			☐ DECE IE	6.2 NAME		a Colonia as			
NAME				D.Z IVAIVIC	.				

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 cyanged, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

G OFFICER OR DIRECTOR

021-15-99