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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra & Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000067079 (1)

SHAILA FOOD MART, INC.

Principal Place of Business Mailing Address 5701 NORTH NEBRASKA AVE TEMPA FL 33604 US US										
						3. Date Incorporated or Qualified 09/06/1994		te of Last F 09/1996	Report	
	Place of Business	2a. Mailing Address				4 FEI Number		h	pplied For	
21		26				59-3267322			ot Applicable	
Suite, Apt	l #, Olc.	Suite, Apt. #, etc.				6. Certificate of Status Desired			Additional equired	
22 City & Sta	ale	City & State				6. Election Campaign Financing			May Be	
23		28				Trust Fund Contribution			to Fees	
Zip	Country	Zip	Coul	ntry		8. This corporation has liability for i	ntangible	taxunder s	3. 199.032,	
24	25	29	30					No		
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered /	igent		
	(THER, NILUFA		j	B1	Name					
15200 CARTER ROAD B-11				82	Street A	ddress (P.O. Box Number is Not Acceptab	ess (P.O. Box Number is Not Acceptable)			
; DE	ELRAY BEACH FL 33448		 	83						
, ,			ļ	دت						
			,	84	City		FL	85 Zip	Code	
11 Dureupot	to the provisions of Sactions 607.05	02 and 607 1608, Florida Sto	tutes the ab		named c	ornaration submits this statement for the n		Changing	te registered	
office or	registered agent, or both in the State	e of Florida. Such change wi	as authorized	Ьу	the corpo	orporation submits this statement for the poration's board of directors. I hereby accept	the app	ointment as	registered	
		gations of, Section 607.0505	, Florida Stati	UIOS	i.					
SIGNATURE	Signature, typical or printed name of registered as	unit and lifte if applicable (NOTE: Registered	[Age	nt signature re	equired when reinstating)	DATE			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 12	
TITLE	D	JELETE	1.1 1)[LE	T			Change	Addition	
NAME	MIAH, SIRAJ		12 NA	ME						
STREET ADDRESS			1.3 \$7	REET		751 clearwater fa	€.			
CITY - ST - ZIP	POMPANO BEACH FL 33073		1.4 CIT	Y-5	T-ZIP	Largo, F1- 34640				
TIFLE	D	DELETE	2.1 TIT	LE				Change	Addition	
NAME	NAHID, FATIMA		2.2 NA	ME						
STREET ADDRESS			2.3 ST	REET	ADDRESS	13693 Torbay ORIVE		_		
01Y-S1-ZIP	BOYNTON BEACH FL 33436		2. 4 CI	TY-S	ST-ZIP	13693 Torbay Ofive Boca faton, fl-	<i>3342</i>	18		
TOLE	D	- JELETE	3.1 TiT	LE		· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME	AKTHER, NILUFA		32 NA	ME						
STREET ADDRESS			3.3 \$7	REET	ADDRESS					
CITY - ST - 7IP	BOCA RATON FL 33487		3.4. CI		ST- 21P			T-1-2		
TITLE		DELETE	4.1 TiT]			L] Change	Addition	
NAME			4. 2 N/	AME						
STREET ADDRESS	·		4.3 ST	REET	ADDRESS					
CITY - ST- ZIP			4.4 CIT		T-ZIP	· · · · · · · · · · · · · · · · · · ·		T7.		
TILLE		DELETE	5.1 TIT		1			Change	Addition	
NAME			5.2 NA		1					
STHEET ACIDRESS	; <u>[</u>		5.3 ST	REET	ADDRESS					
CITY+ST+ZIP			5.4 CI	_	T-ZIP			112		
TILE		DELETE	6.1 TiT					Change	Addition	
NAME	1		6.2 NA	ME						
STREET AUDRESS	3				ADDRESS					
CITY - \$1 - ZIP			6.4 CI1	IY-S	T-ZIP					

4. I do 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/20/97

FILED

Apr 14 1997 8:00am

Secretary of State

Daytime Phone #