

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000084208 (5)

1. Corporation Name

FOOD PLUS 112, INC.



Principal Place of Business

Mailing Address

11665 NE 2ND AVE.
APARTMENT 603
NORTH MIAMI FL 33161
US

11665 NE 2ND AVE.
APARTMENT 603
NORTH MIAMI FL 33161
US

2. Principal Place of Business

2a. Mailing Address

21 11665 NE 2ND AVE

26 11665 NE 2ND AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 NORTH MIAMI, FL

28 NORTH MIAMI FL

24 Zip

25 U.S.A

29 33161

30 USA

3. Date Incorporated or Qualified

11/14/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0533968

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

10. Name and Address of New Registered Agent

SHEKHA, SHABEER
210 S.W. 11TH STREET
APARTMENT 603
MIAMI FL 31330

81 Name SHEKHA SHABEER

82 Street Address (P.O. Box Number is Not Acceptable)
11665 NE 2ND AVE

83

84 City NORTH MIAMI

85 Zip Code FL 33161

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

Signature, typed or printed name of registered agent (if applicable)

(NOTE: Registered Agent signature required if not on file)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MAHAMMAD, NOOR
STREET ADDRESS 210 S.W. 11TH STREET, APT. 603
CITY-ST-ZIP MIAMI FL 31330 ☒ DELETE

1. TITLE PD
2. NAME MAHAMMAD, NOOR
3. STREET ADDRESS 11665 NE 2ND AVE
4. CITY-ST-ZIP N. MIAMI FL 33161 ☒ Change ☐ Addition

TITLE STD
NAME SHEKHA, SHABEER
STREET ADDRESS 210 S.W. 11TH STREET, APT. 603
CITY-ST-ZIP MIAMI FL 31330 ☒ DELETE

2. TITLE STD
3. NAME SHEKHA, SHABEER
4. STREET ADDRESS 11665 NE 2ND AVE
5. CITY-ST-ZIP N. MIAMI FL 33161 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

3. TITLE
4. NAME
5. STREET ADDRESS
6. CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6. TITLE
7. NAME
8. STREET ADDRESS
9. CITY-ST-ZIP ☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHEKHA, SHABEER 04/04/96 (305) 895-8769

Day

Daytime Phone

CR2E034 (12/95)