FILE NOW: FILING FEE AFTER MAY 1ST 18\$550.00 **PROFIT** Jul 31 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Morthe m ANNUAL REPORT Secretary of State Secretary of Stalte RATIONS CORP 1998 DOCUMENT # P94000084586 (4) MJ'S WEST INDIAN & AMERICAN GROCERY, INC. Mailing Address Principal Place of Business 2181 N. STATE RD. 7 10001-FOX-GLEN-DRIVE BOCA RATON FL MARGATE FL 33083 DIELN SK DO NOT WRITE IN THIS SPACE morgate 3. Date Incorporated or Qualified 11/18/1994 2. Principal Place of Business 4. FEI Number Mailing Address Applied For 65-0536786 50,00 26 Not Applicable 21 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Zip Country This corporation owes or has paid the current year Intangible Yos Yos prowona 29 Personal Property Tax due June 30. ☐ No 24 25 9. Name and Address of Current Registered Agent egistered Agent JOSEPHS. MAUREEN wood Liole 10801 FOX GLEN DRIVE 82 **BOCA RATON FL** 83 84 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 hoard of directors. I hereby accept the appointment as registered agent. I am familiar with anti-accept the obligation of Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE President 111016 Bredwood TITLE JOSEPHS, MAUREEN 1.2 NAME NAME 10801 FOX GLEN DRIVE 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TIBLE NAME 3.2 NAME 33 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - 7IP CITY - ST - ZIP ☐ Addition Change DELETE TITLE 4 1 THLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 100002605834Change TITLE 51 TITLE -08/03/98--01101--039 52 NAME NAME 5.3 STREET ADDRESS ***150.00 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition 6 1 THUE TITLE 6.2 NAME NAME

14. Thereby cortify 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 is supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 true; my happe appears in Block 12 or Block 13 if changed, or on an attachment without address.

6.3 STREET ADDRESS 6.4 CHY+S1-ZIP

STREET ADDRESS

CITY - ST- 7IP