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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000088801 (3)

1. Corporation Name

OSAMA FOOD MARKET, INC.

Principal Place of Business

11890 SW 220TH ST
GOULDS FL 33170

Mailing Address

11890 SW 220TH ST
GOULDS FL 33170-2061

3. Date Incorporated or Qualified
12/07/1994

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0538500

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

MOHAMMAD SULEMAN
1510 E. MOWRY DR.
APT 104
HOMESTEAD FL 33033

81 Name

ALBERT, NAE

82 Street Address (P.O. Box Number is Not Acceptable)

3899 N. W. 7th St # 203

83

84 City

MIAMI

FL

85 Zip Code

33126

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

Albert Nae

4/25/97

Sign the typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD

NAME MOHAMMAD SULEMAN
STREET ADDRESS 1510 E MOWRY DR
CITY-ST-ZIP HOMESTEAD FL

DELETE

TITLE TVP

NAME IQBAL MOHAMMAD S
STREET ADDRESS 14480 SW 161 TERR
CITY-ST-ZIP MIAMI FL 33186

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

SECRETARY TANVEER A. HASSAN Change Addition

1510 E. MOWRY DR.

HOMESTEAD FL 33033

V.P. EED MOSSA Change Addition

SIGNATURE:

Waf Suleman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97 305-258-2096

DATE DAYTIME PHONE #

CR2E034 (9/96)