FILE NOW: FILING FEE AFTER MAY 1 IS \$ 25.00 **PROFIT** FLORIDA DEPARTME OF STATE CORPORATION Sandra B Mo ANNUAL REPORT Secretary of ATIONS 1996 DIVISION OF CORP P95000020735 (3) **DOCUMENT #** Corporation Name ONE STOP FOOD MART, INC. Principal Place of Business Mailing Address 1975 S. CONGRESS AVE. 1975 S. CONGRESS AVE. WEST PALM BEACH FL 33402 WEST PALM BEACH FL 33402 3a. Date of Last Report 3. Date incorporated or Qualified 03/13/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0493986 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Country 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SALAMEH, IBRAHIM K Street Address (P.O. Box Number is Not Acceptable) 82 1975 S. CONGRESS AVE. 83 WEST PALM BEACH FL 33402 City Zip Code 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 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. Ibrahim K Salameh Experimental name of registered agent and title if applicable SIGNATURE CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. □ DELETE 1 TITLE Change Addition SALAMEH, IBRAHIM K 1.2 MAME Spm & 1975 S. CONGRESS AVE. 1.3 TREET ADDRESS STREET ADDRESS **WEST PALM BEACH FL 33402** TY-ST-ZIP CHTY - \$1 - ZIP DELETE Addition 116 ME 2.2 STREET ADDRESS 23 REET ADDRESS Y - ST - ZIP C(1Y-S1-Z(F Change Addition ☐ DELETE 3 I F 32 STREET ADDRESS REET ADDRESS CITY-ST ZIP 34 -ST-ZIP Change DELETE Addition 4 4.2 43S EET ADDRESS STREET ADDRESS -ST-ZIP 0/TY-S1-7/2 ☐ Change Addition | DELETE 5 1 Ti 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CI1Y-S1-ZIP 54 CITY-ST-ZIP DELETE Change Addition 6 1 TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP City-St-ZiP 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 triis annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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.

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appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: I BY ALL MEN EN I LURAHIN & Salamen