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 # P95000030308 (7)

1. Corporation Name
KAREEM GROCERY, INC.

Principal Place of Business
601 WEST MOWRT DRUVE
HOMESTEAD FL 33030

Mailing Address
601 WEST MOWRT DRUVE
HOMESTEAD FL 33030

3. Date Incorporated or Qualified: 04/18/1995
3a. Date of Last Report

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0483209 — Applied F / Not Applic
5. Certificate of Status Desired ☒ — $8.75 Addition Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May B 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
WHITNEY, WILFRID M
201 WEST FLAGLER STREET
MIAMI FL 33130

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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 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 a familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	~~PSTD~~ ☒ DELETE
NAME	~~ALMOUNAEL SULTAN~~
STREET ADDRESS	~~601 W. MOWRT DRIVE~~
CITY-ST-ZIP	~~HOMESTEAD FL 33030~~
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSTD ☐ Change ☒ Addit
1.2 NAME	Sami Ali Abdel
1.3 STREET ADDRESS	601 W. Mowry Drive
1.4 CITY-ST-ZIP	Homestead, FL 33030
2.1 TITLE	☐ Change ☐ Addit
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	000001777820 ☐ Change ☐ Addit
3.2 NAME	-04/12/96--01013--010
3.3. STREET ADDRESS	***200.00
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addit
4.2 NAME	200001777822
4.3 STREET ADDRESS	-04/12/96--01013--011
4.4 CITY-ST-ZIP	***8.75
5.1 TITLE	☐ Change ☐ Addit
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addit
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made unc 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: Sami Ali Abdel

95-11-A