FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000030308 (7)

KAREEM GROCERY, INC.

FILED Jan 24 1997 8:00am Secretary of State



Principal Plac	no of Business	Mailing Address					86136 1111 36181	Nan alia	
Principal Place of Business 801 WEST MOWRT DRUVE HOMESTEAD FL 33030		601 WEST MOWRT D	601 WEST MOWRT DRUVE HOMESTEAD FL 33030						
						3. Date Incorporated or Qualified 04/18/1995	3a. Date o 04/11/		eport
2. Principal Place of Business		2a. Mailing Address	<u> </u>			4. FEI Number	Applied For		
Suite, Apt. #, etc			Suite, Apt. #, etc.			65-0483209	3209 Not Applicable \$8.75 Additional		
22)	. #, etc	27	•			5. Certificate of Status Desired	□ >	Fee Re	
City & Sta	ite	City & State				6. Election Campaign Financing		5.00	May Be
23	·	28	 -			Trust Fund Contribution		Added 1	
Zip	Country	Zip	─ ─	untry		8. This corporation has liability for			199.032,
24	25 g. Name and Address of Cur	rent Registered Agent	30	Т		Florida Statutes 10. Name and Address of New Re	Yes N		
18/14	HITNEY, WILFRID M	Total Control of the		81	Name	10,	3.0.0.00		
	1 WEST FLAGLER STREET								
	AMI FL 33130		82 Stre		Street Addr	Address (P.O. Box Number is Not Acceptable)			
INI	AMI 1 E 00 100			83		***************************************			
				84	City		Tel	- 	Code
				64	City		FL 81	Zipv	Code
SIGNATURE									
12.	Signative typed or profed name of registered OFFICERS (AND DIRECTORS	(NOTE Registere		t signature require	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIF	ECTOR	IS IN 12
			13.		t signature require		CERS AND DIF	ECTOR Change	
12.	PSTD ABDEL, SAMI ALI	AND DIRECTORS	13.		signature require		CERS AND DIF		
12. THILE	PSTD ABDEL, SAMI ALI 601 W. MOWRY DRIVE	AND DIRECTORS	13. 1.1 T 1.2 #	TITLE NAME	ADDRESS		CERS AND DIF		
12. THE NAME STREET ADDRESS CITY-SI-ZIF	PSTD ABDEL, SAMI ALI	AND DIRECTORS DELETE	13. 1.17 1.28 1.35 1.4(TITLE NAME STREET &	ADDRESS		CERS AND DIF	Change	Addition
12. TITLE NAME STREET ADORESS CITY-ST-ZIF TITLE	PSTD ABDEL, SAMI ALI 601 W. MOWRY DRIVE	AND DIRECTORS	13. 1.17 1.28 1.35 1.40 2.17	TITLE NAME STREET # CITY-ST	ADDRESS		CERS AND DIF		Addition
12. TITLE NAME STREET ADDRESS CITY-SI-ZIF TITLE NAME	PSTD ABDEL, SAMI ALI 601 W. MOWRY DRIVE HOMESTEAD FL 33030	AND DIRECTORS DELETE	13. 1.17 1.28 1.35 1.40 2.17 2.21	TITLE NAME STREET A CITY-ST TITLE NAME	ADDRESS - ZiP		CERS AND DIF	Change	Addition
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1. I do hereby certify 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 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 DIRECTO

Daytime Phone #

FINANCE #