SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000036294 (3)**

1. Corporation Name
STOP N SAVE FOOD STORE #6 INC.

Principal Place of Business
~~16719 NE 6TH AVE~~
~~N MIAMI BEACH FL 33162~~

Mailing Address
~~16719 NE 6TH AVE~~
~~N MIAMI BEACH FL 33162~~

3. Date Incorporated or Qualified: 05/09/1995
3a. Date of Last Report:

2. Principal Place of Business
21 1245 - 71 ST
Suite, Apt #, etc
22
City & State
23 MIAMI BEACH
Zip 24 FLA 33141
Country 25 USA

2a. Mailing Address
26 1245 - 71 ST
Suite, Apt #, etc
27
City & State
28 MIAMI BEACH, FLA
Zip 29 33141
Country 30 USA

4. FEI Number: 65-05-79060 — 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
MAHMUD, SHAHEEN
16719 NE 6TH AVE
N MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent
81 Name ~~16719 - 71 ST~~ SHAHEEN MAHMUD
82 Street Address (P.O. Box Number is Not Acceptable) 1245 - 71 ST
83
84 City MIAMI BEACH FL 85 Zip Code 33141

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 S. Mahmud — 6/15/96
Signature, type or print name of registered agent and title of signature (NOTE: Registered Agent's signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MAHMUD, SHAHEN	
STREET ADDRESS	16719 NE 6TH AVE	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE	D	☐ DELETE
NAME	REZWAN, MIR S	
STREET ADDRESS	16719 NE 6TH AVE	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	200001904092	☐ Change ☐ Addition
5.2 NAME	-07/25/96--01040--005	
5.3 STREET ADDRESS	***225.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

7-25-96

CR2E034 (3/96)

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)(x), 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: S. Mahmud, SHAHEEN MAHMUD, PRESIDENT — 6/15/96 (305) 867-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone Number