FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State ILED

FILED May 09 1996 8:00 am Secretary of State

1996 DOCUMENT # P950000 42022 AND PITT.

1. Corporation Name

M & G FOOD STORE THE AHASSLE, FLCI, FLC

600001814736 -05/09/96--01058--004

305-687-3252

Principal Place of Business Malling Address					****200.00 ****200.00		
1456	61 N.W. 271%	Ave. 145611	V.W. 27	BAve			
DPA1	ocks 4/ 2200	u nen	4. 4.				
	o , a/ 5301	opplocka H 33054		3. Date Incorporated or Qualified 3a. Date of Last Report			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21		26			65-0588307	Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	dditional	
City & State		27				Fee Req	Jujued
23	9	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Ζφ	Country	Zip Country		B. This corporation has liability for intangil			
4	25 ·	29	30		Florida Statutes Yes N		0.002,
111	9. Name and Address of Curr				10. Name and Address of New Registe	red Agent	
1Uh17	ney, Willian	. , ,, .	81	Name			
201	w Hagler	· 57.	82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
mia.		130	-		·	····	
17714	mi, di · 33	130	63				
			64	City		85 Zip Co	ode
11. Pursuent t	to the provisions of Sections 607.05	02 and 607 1508. Florida Statut	es the shove-r	named corporat	ion submits this statement for the purpose of	fahanalan ita anai	-1
UI IEGISIEI	red agent, or both, in the State of Fit th, and accept the obligations of, Se	Jiida. Soch Change was Buthonz	eo ov tne com	oration's board	of directors. I hereby accept the appointmen	r changing its regis it as registered ag	aterea onici ent. I am
	in, and accept the obligations or, as	CHOT 907.0005, Florida Statutes	š.				
SIGNATURE _	Signature, typed or printed name of registered ag	ent and title if applicable (NC	OTE: Registered Agen	ni signature required v	vhen reinstating) DA	TE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		IN 12
TITLE	P/S/D	DELETE	1. 1 TITLE			Change	Addition
NAME	MOHAMMED .	Kaabheth	1.2 NAME				
STREET ADDRESS	14561 NW.		1.3 STREET	ADDRESS			
CITY-ST-ZIP	OPALOCKA,	2/33054	1.4 CITY - S	T- ZIP			
TITLE	6/12/20	DELETE	2. 1 TITLE	·		Change [Addition
NAME	GHALBB L.		2.2 NAME				
STREET ADDRESS	14561 N.W. 27 Th AVE.		2.3 STREET ADORESS				
CITY-ST-ZIP TITLE	OPA LOCKA, 7	7 22059 □ DELETE	24 CITY - ST 3. 1 TITLE	T- ZIP		C) Charge E	7 Addition
NAME			3.7 THEE	l		Change	Addition
STREET ADDRESS			3.3. STREET	Annecee			
CITY-ST-ZIP			3.4 CITY - ST				
TITLE		☐ DELETE	4.1 TiTLE	,	· · · · · · · · · · · · · · · · · · ·	Change F	Addition
NAME			4.2 NAME				•
STREET ADDRESS	İ		4.3 STREET	ADDRESS			
CITY - ST - ZIP			4.4 CITY - S1	T-21P			
TITLE		DELETE	5. 1 TITLE			Change	Addition
NAME			5.2 NAME			•	
STREET ADDRESS			5.3 STREET	ADORESS			
CITY-ST-ZIP			5.4 CITY-ST	T-ZIP			
TITLE	_	☐ DELETE	6. 1 TITLE			Change	Addition
NAME			62 NAME				910
STREET ADDRESS		4	6.3 STREET			5	
CITY-ST-ZIP	y certify that the impromotion or the	t with his filing is voluntarily from	6.4 CITY-ST	T-ZIP	the exemption stated in Section 119.07(3)(k)		<u> </u>
certify that	the information indicated on this an	nual report or supplemental anni	ual report is tru	e and accurate	the exemption stated in Section 119.07(3)(k) and that my signature shall have the same k	, Honda Statutes. I agai effect as il ma	i turther ide under
oath; that I appears in	i am an officer or director of the con Block 12 or Block 13 if challed -e	ografion or the receiver or trusted	e empowered to ess.	o execute this r	and that my signature shall have the same keport as required by Chapter 607, Florida St	atutes; and that m	y name