

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

**FILED**  
**May 06 1997 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # P95000043171 (4)**  
 1. Corporation Name  
**DANISH FOOD MART, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>190 112 Ave North<br/>                 Suite 911<br/>                 St Petersburg, FL 33716</b> | Mailing Address<br><b>190 112 Ave North<br/>                 Suite 911<br/>                 St Petersburg, FL 33716</b> |
|---|---|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>06/06/95</b> | 3a. Date of Last Report<br><b>04/30/96</b> |
|--|--|

|   |  |  |                                       |
|---|--|--|---------------------------------------|
| 2. Principal Place of Business<br><b>21 280 Windward Passage</b><br>Suite, Apt. #, etc. | 2a. Mailing Address<br><b>26 280 Windward Passage</b><br>Suite, Apt. #, etc. | 4. FEI Number<br><b>59-3317911</b>                           | Applied For<br>Not Applicable         |
| 22. City & State<br><b>23 Clearwater, FL</b>  | 27. City & State<br><b>28 Clearwater, FL</b>                                 | 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
| 24. Zip<br><b>34630</b>   | 25. Country<br><b>Pinellas</b>   | 29. Zip<br><b>34630</b>                                      | 30. Country<br><b>Pinellas</b>        |

|  |                                    |
|--|------------------------------------|
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b> |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |

9. Name and Address of Current Registered Agent  
**The Law Firm of Lawrence J Spiegel  
 343 Almeria Avenue  
 Coral Gables, FL 33134**

10. Name and Address of New Registered Agent  

|   |
|---|
| 81 Name<br><b>Jitendra Trivedi</b>  |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>25 N Belcher Rd F65</b> |
| 83  |
| 84 City<br><b>Clearwater</b>  |
| 85 Zip Code<br><b>FL 34625</b>  |

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: *J Trivedi* (NOTE: Registered Agent signature required when reinstalling) DATE: **4-28-97**

12. OFFICERS AND DIRECTORS

|   |  |
|---|--|
| TITLE<br><b>PSTD</b>                                  | <input checked="" type="checkbox"/> DELETE |
| NAME<br><b>ALI, RASHID</b>                            |  |
| STREET ADDRESS<br><b>c/o 190 112 Ave North, Suite</b> |  |
| CITY-ST-ZIP<br><b>St Petersburg, FL 33716 911</b>     |  |
| TITLE<br><input type="checkbox"/> DELETE              |  |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE<br><input type="checkbox"/> DELETE              |  |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE<br><input type="checkbox"/> DELETE              |  |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE<br><input type="checkbox"/> DELETE              |  |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|  |  |
|--|--|
| 1.1 TITLE<br><b>PSTD</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME<br><b>JITENDRA TRIVEDI</b>  |  |
| 1.3 STREET ADDRESS<br><b>25 N Belcher Rd F65</b>                               |  |
| 1.4 CITY-ST-ZIP<br><b>Clearwater, FL 34625</b>                                 |  |
| 2.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 2.2 NAME   |  |
| 2.3 STREET ADDRESS   |  |
| 2.4 CITY-ST-ZIP  |  |
| 3.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 3.2 NAME   |  |
| 3.3 STREET ADDRESS   |  |
| 3.4 CITY-ST-ZIP  |  |
| 4.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 4.2 NAME   |  |
| 4.3 STREET ADDRESS   |  |
| 4.4 CITY-ST-ZIP  |  |
| 5.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 5.2 NAME<br><b>600002175656</b>  |  |
| 5.3 STREET ADDRESS<br><b>-05/13/97--01002--008</b>                             |  |
| 5.4 CITY-ST-ZIP<br><b>***165.00</b>  |  |
| 6.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 6.2 NAME   |  |
| 6.3 STREET ADDRESS   |  |
| 6.4 CITY-ST-ZIP  |  |

**CS**  
**5/6/97**

14. 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: *J Trivedi* DATE: **4-28-97**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)