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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	996	7 • /	ary of State CORPORATIONS				
DOCUM 1. Corporation N	IENT # P9500	0073553 (6	3)				
	CIA FOOD STORES,INC.						
	·						
Principal Place o	f Business	Mailing Address			III FEIR FRIII I iii i	illigh ghigh dingg hill	
1150 E. HALLANDALE BEACH BLVD.		1150 E. HALLANDALE BEACH BLVD.					
SUITE A HALLANDALE FL 33009		SUITE A HALLANDALE FL 33009					
				3. Date Incorporated or Qualified 09/22/1995	3a. Date of L	ast Report	
2. Principal Piac	e of Business	2a. Mailing Address	AND/AKE BD	4. FEI Number 1350	77	Applied Fol	
21 Suite, Apt. #,	etc.	26 /) C Suițe, Api. #, etc.	NAME OF COLUMN	62.00120	<u>ر</u> \$	Not Applica 8.75 Additiona	······································
22		27 #3		5. Certificate of Status Desired		Fee Required	
City & State		28 Shate	FIDELDA	6. Election Campaign Financing Trust Fund Contribution	1 1	5.00 May Be Added to Fees	
Ζρ	Country	30010	800000	8. This corporation has liability for	intangible tax un	 	
24	g_ Name and Address of Current	Registered Agent	[30] NATIGO	Florida Statutes Yes	□ No legistered Anei	nt	
			81 Name	10, 144110 2114 1441			
	KY, LEONARD ESQUIRE		82 Street Addr	ess (P.O. Box Number is Not Acceptat	ile)		
1150 E. Suite A	HALLANDALE BEACH BLVD.		83				
	DALE FL 33009		84 Crty		— . 8:	Zip Code	
					┡┖╸│		
or registered	the provisions of Sections 607.0502 diagent, or both, in the State of Florid , and accept the obligations of, Sectio	and 607,1508, Honda Statute a. Such change was authorize pp. 607,0505, Elocida Statutes	s, the above-named corpored by the corporation's boar	ation submits this statement for the pu d of directors. I hereby accept the app	rpose of changin ointment as regi:	g its registered o stered agent. I ar	office m
SIGNATURE	, and accept the dungations of, occur	er oor loods, Florida Statistes.					
	gnature, typed or printed name of registeren agent a OFFICERS AND		E. Registered Agent signat, re-required. 13.	(who rendate gr ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIR	ECTORS IN 12	(<u>G</u>
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NAME	SHEHADEH, MARWAN		1.2 NAME				8
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NAME			6.2 NAME				
STREET ADDRESS	4		6.3 STREET ADDRESS				
14. I do hereby	certify that the salamation expliced of	this hing is yoluntarily furni	64 CITY - S1 - ZIP shed and does not qualify fo	or the exemption stated in Section 119	.07(3)(k), Florida	Statutes. I furthe	ır
certify that the coath, that I a	ne information indicated on this and us an an officer profirector of the corpor	I/Jerio/tilor bugblemental annu alio i britini receiver or trustee	al report is true and accura empowered to execute this	te and that my signature shall have the s report as required by Chapter 607, Fl	same legal effect	t as if made und	der
appears in E	Block 12 or Block 13 if Manged, Man	a) /ittio/my-nt with an addre	988. 	wedsted as	1001	(954)	,
SIGNATL	IRE. YAMANA	H1116	MAKWAN ?	SHAMIXIT CO-1	0.461	134410	1
	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICE	K OR DIHECTOR	- Date	Da y f⊲ne	MIDDLE #	