

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

FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000074993
1. Corporation Name

PADMA FOOD MART, Inc

Principal Place of Business

Mailing Address

2040 N.W. 49th AVENUE
LAUDERHILL, FL 33313

2040 N.W. 49th AVENUE
LAUDERHILL, FL 33313

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/28/1995	
21. Suite, Apt. #, etc	22. City & State	26. Suite, Apt. #, etc	27. City & State	4. FEI Number 65-0609529	Applied For ☐ Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

RAHMAN, MOHAMMED A.
4012 INVERRARY BLVD
APT 12B
LAUDERHILL, FL 33319

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 _____ DATE _____
NOTE: Registered Agent's signature required when resigning.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ISLAM MANZURUL	1.1 TITLE	
NAME	12693 TORBAY DRIVE	1.2 NAME	
STREET ADDRESS	BOCA RATON, FL 33428	1.3 STREET ADDRESS	
CITY-STATE-ZIP	UP	1.4 CITY-STATE-ZIP	
TITLE	RAHMAN MOHAMMED A	2.1 TITLE	
NAME	4012 INVERRARY BLVD APT 12B	2.2 NAME	
STREET ADDRESS	LAUDERHILL, FL 33319	2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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14. I hereby certify that the information provided with this filing does not qualify for the exemption stated in Section 119.07(3)(d), Florida Statutes. I further certify that the information provided on this filing is true and accurate and that my signature shall have the same legal effect as if I made under oath that I am an officer or director of the corporation. I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Section 12 or Block 13, as applicable, in this filing.

SIGNATURE: *[Signature]* ISLAM MANZURUL 4-29-98 346-7284

CR2F034 (10-97)