PROFIT CORPORATION ANNUAL REPORT 1996 7-30 9 74400 F CORPORATIONS DOCUMENT # P95000075013 (9) FOOD WAY, INC. Principal Place of Business Mailing Address 310f S.W. 107 AVENUE MIAMI FL 33165 2 Principal Place of Business 2 2a. Mailing Address 4. FET Nimber 65 - 0.610186 Not Applicable Suite, Apt #, etc 2 Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 22 Cty & State 28 Country 28 Trust Fund Contribution Added to Fees Added to Fees 29 Added to	SECOND N	IOTICE: CORPORATION WILL BE D IN OR BEFORE 8/7/96: \$225 (IF DISSOL	ISSOLVED ON OR AFTER A	UGUST 7, 1 To reinstat	i 996. (E: \$ 375.)		
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MAMIFL 3184 83 84 City FL 85 Zip Code 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 agent and 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 and another the other of 67 0505. Florida Statutes SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 17. SIRET ADDRESS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDIT OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICER		•		82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
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	14 I do hereb	by certify that the information supplied	with this filing is voluntarily fur	nished and c	loes not qua	ilify for the exemption stated in Section 119 07(3)(k), Florida Statut	tes. I

further certify that the information indicated on this annual report or supplémental annual report is true and accurate and that my signature shall have the same legal effect as it 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Manual Maria T. Martinez President 07/18/96 (305) 223-7769

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR