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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000081895 (1)

FILED Apr 28 1998 8:00am Secretary of State

į K. INł	ERNATIONAL GROCERIE	:5 & GII	-18, INC.							
Principal Place	of Business	M,	ailing Address				-{	49111 4016 1 19	401 11 44 1 101 1	
3096 N.W. 103RD LANE 3096 N.W. 103RD LANE										
CORAL SPRINGS FL 33065 CORAL SPRINGS FL							DO NOT WOLTE	питые е	DACE	
							DO NOT WRITE 3. Date Incorporated or Qualified	IN ITHIS S	FAUE	
							1 -7			
2. Principal Pl	ace of Business	28.	Mailing Address				10/23/1995 4. FEI Number			pplied For
21		26	6				65-0612722			ot Applicabl
Suite, Apt	il, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22		27	<u> </u>				e, Certinicate of Status Desireo		Fee Re	equired
City & State	•		City & State				6. Election Campaign Financing	_		May Be
23		28	7				Trust Fund Contribution			to Fees
Zip	Country		Z ip	Coun	ıtry		8. This corporation owes or has pa			
24	25 9. Name and Address of Cur	29 Pent Regia	tered Agent	30			Personal Property Tax due June 10. Name and Address of New Re			No
		one ringia	a rigatit		B1	Name	IN. ITALIE WITH PLANTED OF ITALIE FIR	B. 0.0.00 M	.80111	
KONDOOR, THOMAS V 3096 N.W. 103RD LANE										
			B2	Street Addre	dress (P.O. Box Number is Not Acceptable)					
Ü	ORAL SPRINGS FL 33065			ļ.	B3					
				Ļ	_					
					84	City		FL	85 Zip	Code
11. Pursuant t	o the provisions of Sections 607.0	1502 and 6	07.1508, Florida Stat	utes, the ab	ove	-named corpo	oration submits this statement for the pon's board of directors. I hereby accept		changing if	ts registered
office or re	egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florid Jugations of	da. Such change was L. Section 607 0505. I	s authorized Florida Statu	by des	the corporation	on's board of directors. I hereby accep	ot the appo	ointment as	registered
SIGNATURE			.,							
SIGNATORE	Signature, typed or printed name of registered			OTE Registered	Agen	nt signature require	od when reinstating)	DATE		
12.	OFFICERS A	AND DIREC		13.			ADDITIONS/CHANGES TO OFFICE			
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NAME	KONDOOR, SALLY			1.2 NAM	ÆΕ					
STREET ADDRESS	3096 NW 103RD LANE			1.3 STR	EET /	ADDRESS				
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NAME				6.2 NAM	ЛE					
STREET ADDRESS				6 3 STR	EET /	ADDRESS				
CITY-ST-ZIP										
CITY-ST-ZIP	ertify that the information supplied	f with this f	iling does not qualify	6.4 Cit	y-st npti	r-ZIP ion stated in S	Section 119.07(3)(i), Florida Statutes. I e shall have the same legal effect as it	further cer	tify that the	info

indicated on this arithmeter exported from the proof is true and that my signature shall have the same legal effect as it made under daily, that I am a 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:

THOMAS V. KONDOOR

4/19/98

954-752-5003