

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000082548 (5)**

1. Corporation Name

VALENTINO GROCERY STORE, INC.



Principal Place of Business

**274 NE 1ST STREET
MIAMI FL 33132**

Mailing Address

**274 NE 1ST STREET
MIAMI FL 33132**

3. Date Incorporated or Qualified

10/23/1995

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

*** 65-0642504**

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**SHOMAR, JOSEPH
17439 NW 68TH COURT
MIAMI FL 33015**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0402 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

Signature, typed or printed name of registered agent (and state if corporate)

(TITLE) Registered Agent Signature Required when not a Group (DATE)

12. OFFICERS AND DIRECTORS

TITLE **PD** DELETE
NAME **DAYEKH, HASSAN**
STREET ADDRESS **4390 SW 154TH PLACE**
CITY - ST - ZIP **MIAMI FL 33185**

TITLE **VSTD** DELETE
NAME **ABDULSALAM, NIZAR A**
STREET ADDRESS **3527 NE 168TH STREET STE 304 NO.**
CITY - ST - ZIP **MIAMI BEACH FL 33160**

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **PD ST** Change Addition
12 NAME **ABDULSALAM, NIZAR A.**
13 STREET ADDRESS **3527 NE 168TH ST. STE 304**
14 CITY - ST - ZIP **MIAMI BEACH FL. 33160**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

ASalam

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/96

Date

Secretary of State

CR2E034 (12/95)