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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000084597 (0)

S & N MARKETS, INC.

Principal Prace of Business Mailing Address 3701 NW 9TH AVE. 3701 NW 9TH AVE. POMPANO BEACH FL 33064-1901 POMPANO BEACH FL 3. Date Incorporated or Qualified 3a. Date of Last Report 11/01/1995 08/20/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0622646 26 Not Applicable Suite. Apt #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be []23 28 Trust Fund Contribution Added to Fees Zip Country Country Zio This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KHAN, SHOIB U 12030 N.W. 29TH MANOR Street Address (P.O. Box Number is Not Acceptable) SUNRISE FL 33323 63 R4 City 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 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. Florida Statutes. SIGNATURE Signature, typed or printed nature of registerical agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12 13. DELETE Change Addition 1.1 TITLE TITLE KHAN, MUJIB U 1.2 NAME NAME 3701 NW 9TH AVE. 1.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE KHAN, SHOIB U 22 NAME NAME 3701 NW 9TH AVE. STREET ADDRESS 23 STREET ADDRESS POMPANO BEACH FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY ST ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP DITY-ST-ZiP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY - \$1 - 21P DELETE Change Addition TITLE 61 TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-7:F

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PROPERTY NAME OF SIGNANG OF FICER ON DIRECTOR WHEN THE TOTAL PROPERTY DOWN TO PROPERTY NAME OF SIGNANG OF FICER ON DIRECTOR OF THE PROPERTY NAME OF SIGNANG OF FICER ON DIRECTOR

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.