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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

**POCUMENT # P95000091508 (8)** 

**BIG BOY SUPERMARKET, INC.** 

Principal Place of Business Mailing Address 11601-07 SW 216 STREET 11601-07 SW 216 STREET MIAMI FL 33170-2933 MIAMI FL 33170 3. Date Incorporated or Qualified 3a. Date of Last Report 12/01/1995 11/21/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0631537 Not Applicable 26 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  $\Box$ 23 28 Trust Fund Contribution Added to Fees  $Z_{\rm ID}$ Country  $Z_{\rm IP}$ Country 8. This corporation has liability for intangible tax under s. 199.032, 🔀 Yes 🔲 No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MOSOUD, JAMIL A 11601-7 S.W. 216 STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33170** 83 City Zip Code 11. Pursuant to the previsions 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. Thereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signation appeals a printed manager that a agent and their applicable. (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE MASOUD, JAMIL A NAME 1.2 NAME 11601-07 SW 216 STREET STREET ADDRESS 13 STREET ADDRESS MIAMI FL 33170 14 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 21 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-712 2. 4 City - St - ZiP DELETE Change Addition 3.1 TITLE TILLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-7:P DELETE Change ☐ Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-S1-ZIP CITY-ST ZIP DELETE Change Addition TITLE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST-ZIP CHY-ST-ZIP DELETE Change \_\_\_ Addition 6.1 TITLE TITLE NAM8 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

SIGNATURE:

JUNIL A- MASONO, PRES 1-9-97

64 CITY-ST-ZIP 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

**FILED** 

Jan 15 1997 8:00am

Secretary of State

(96/6) (96/6)