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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000054835 (9)

PARTNERS SUPERMARKET, INC.

Principal Plac 1304 N.W. 62 3 MIAMI FL 3314	STREET	Mailing Address 1304 N.W. 62 STREET MIAMI FL 33147-8016							
						3. Date incorporated or Qualified 06/27/1996	3a, Date of L	ast Re	eport
2. Principal P	lace of Business	2a. Mailing Addres	1			4. FEI Number 65-070770	7		pplied For of Applicable
Suite, Apt	#, etc	··· + ··· · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.				 \$8 .		Additional
22		27				5. Certificate of Status Desired			quired
City & Stat	e	City & State	hn '			6. Election Campaign Financing			May Be
23 Zip	Country	28 Zip	Co	untry	· · · · · · · · · · · · · · · · · · ·				to Fees
24	25	29	30		'	8. This corporation has liability for int	angibie tax un Yes ☐ No	der s.	199.032,
	9. Name and Address of Curre		[00]	Τ		10. Name and Address of New Regi			
SAM	IMOUR, ANTON			81	Name				
1304 N.W. 62 STREET				82	Street Add	ress (P.O. Box Number is Not Acceptable	1		
MIAI	MI FL 33147					Tool (F. S. Box Hornborn by Not 7 tool place)	,		
				83					
				84	City		FL 85	Zip (Code
office of r	to the provisions of Sections 607.05 egistered agent, or both, in the Sta on familiar with, and accept the obli	të of Florida. Such change	e was authoriz€	3d b≀	v the corpora	poration submits this statement for the pur tion's board of directors. I hereby accept	nose of chanc	ing its	s registered registered
	Signatine ity ed or proded dame of registered a		(NOTE: Register	ed Age	ent signature requi	irad when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	SAMMOUR, HANNA J			TITLE			∐ Ch	ange	Addition
NAME STREET ADDRESS	1304 N.W. 62 STREET			NAME STOCKT	ADDOCCC				
CITY-ST-ZIP	MIAMI FL 33147				ADDRESS				
TITLE		DELE		OTY-S OTHE	SI-ZIP		Ch	ange	Addition
NAME				NAME			<u> </u>		
STREET ADDRESS					ADDRESS				
CITY - S1 - ZIP			2.4	CITY-!	ST-ZIP	**	÷		
TITLE		☐ DELE					Chi	ange	Addition
NAMÉ			3.2 M	NAME					
STREET ADDRESS			3.3 \$	STREET	ADDRESS				
CITY - ST - ZIP			3.4. (CiTY-5	ST-ZIP				
TITLE		L DELE	TE 4.1 T	ITLE			☐ Ch	ange	Addition
NAME			4 21	NAME					
STREET ADDRESS			439	TREET	ADDRESS				
CITY - S1 - ZIP				HTY-S	iT-ZIP				
TITLE		DELE	TE 51T	ITLE			☐ Ch	ange	Addition
NAME			52 N	IAME					
STREET ADDRESS			5.3 S	TREET	ADDRESS				
CITY - ST - ZIP				HTY-S	T-ZIP				
TITLE		☐ DELE	ŤÉ 6.1 T	ITLE			☐ Chi	ange	Addition
NAME			62 N						
STREET ADDRESS			638	TREET	ADDRESS				

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR

HANNASAMMOUR

6 4 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 occurate 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.

FILED

Jan 24 1997 8:00am

Secretary of State